DRAFT: For discussion

Camden CCG
Primary Care Workforce Modelling Findings

London Workforce Programme in conjunction with Health Education England

July 2016

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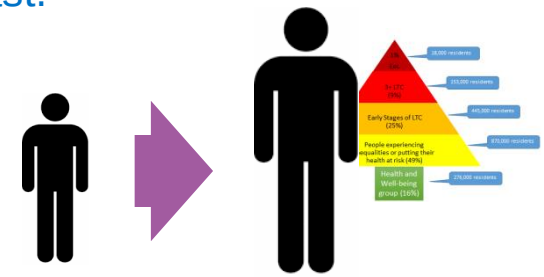
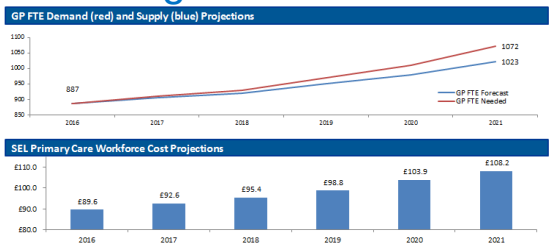
Key Findings on Camden primary care workforce

1. Today, 22% of the population in NCL have a condition or health risk. By 2021, 9,000 more people will live in Camden (+4%) with over-55s growing twice as fast.

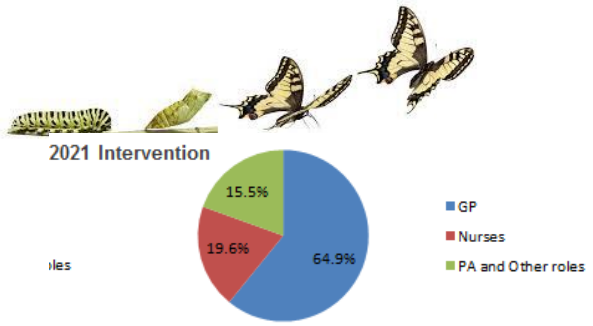


2. As demands on primary care rise by 2021, elements of the workforce are likely to retire. Today, 24% of Primary Care Nurses are aged 55+

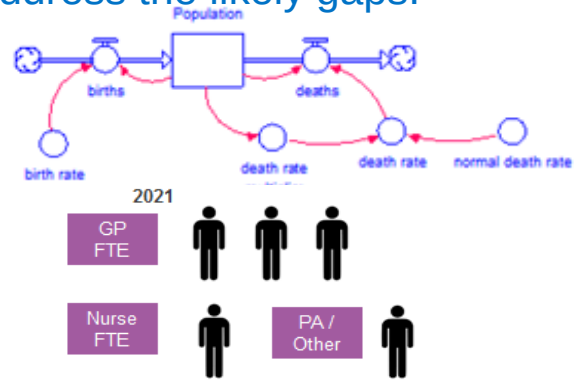
3. Camden is currently well staffed versus other London CCGs but GP pressures will grow if services continue to be delivered in the same way as today, with locum costs increasing.



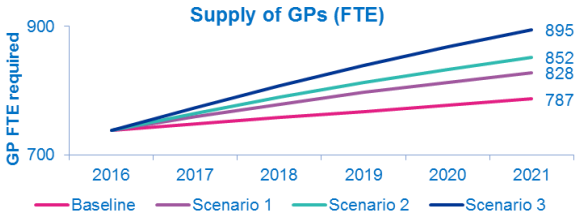
4.Service transformation remains vital to delivering safe and sustainable services for patients to 2021 and beyond.



5. The HLP team helped Camden explore a number of scenarios of possible new ways of working, skill mix and roles to address the likely gaps.



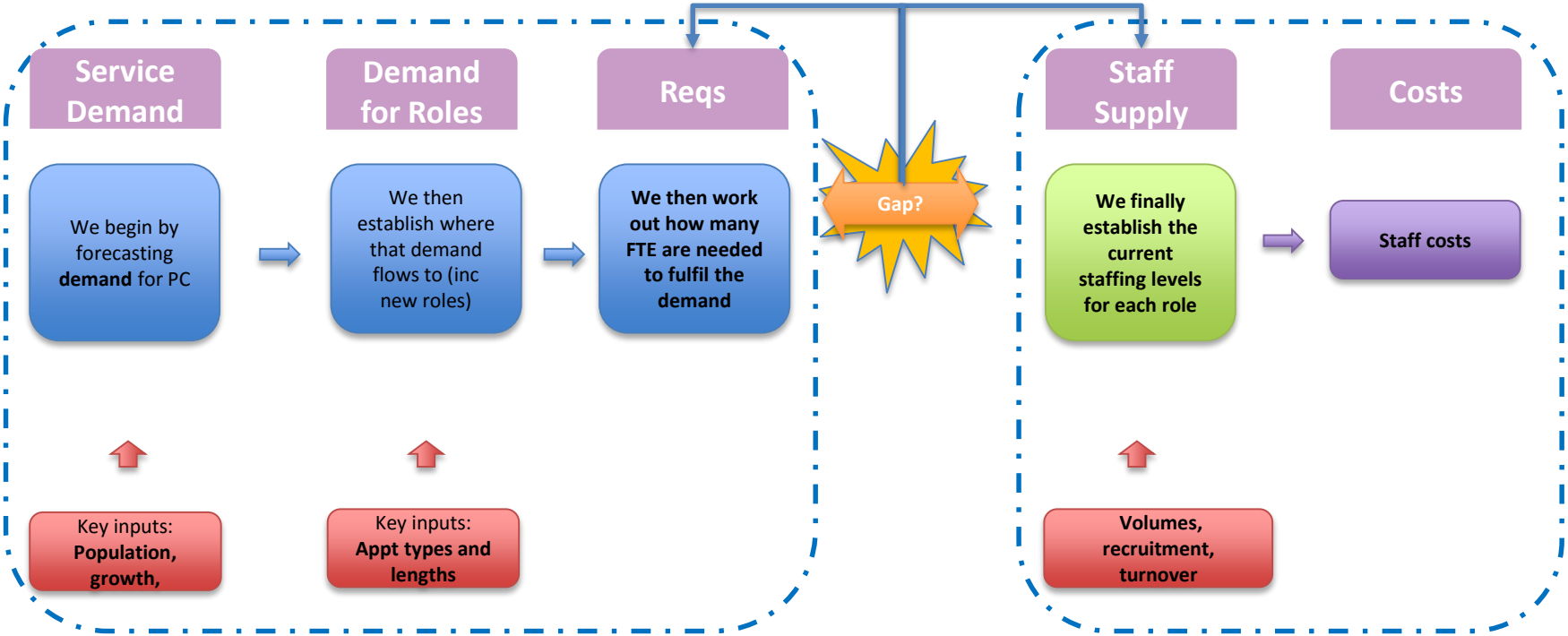
6. We explored the impacts of new strategies and care models: **reducing GP admin burden, reducing turnover rates, managing demand and introducing new roles & skills** to provide a sustainable future



How the model works

The model enables the forecasting of demand and supply over a defined time period. Demand and supply are expressed in terms of 'contacts' in the Primary Care setting. In summary….

STEP 1: Run for 2016 'as is' position
STEP 2: Run for 2021 'do nothing' baseline scenario
STEP 3: Run for each possible 2021 intervention scenario to capture learning



The model enables tracking of the core Primary Care metrics over the 5 year STP period to 2021 to build an understanding of how demand (for appointments) and supply (available staff appointment time) will evolve over time.

4 – The 2021 impacts of continuing to provide care as we do today

Baseline (do nothing) population and workforce forecasts show rising costs and demand by 2021.

The team began by establishing a baseline position for Camden. Given existing indicators (noted in this report) around recruitment, retention, patient demand and population trends, we modelled what the future looked like for Camden in terms of cost and capacity. The key things modelled include:

- Population growth of 9,000 in Camden over 5 year period to 2021 (based on GLA findings).
- Average increase in contacts by 15% over period. [1][2]
- Retirement of 15% of over 55 Primary Care workforce per year (currently 16% of GP workforce, 24% nursing workforce, 14% DPC workforce).
- Ratio of appointments and contacts between staff to remain flat, with GPs continuing to fulfil c70% of all appointments, nurses fulfilling 18% and other roles filling the remainder [3].
- 10% increase to individual appointment contact time for highest complexity patients to account for increasing volume of comorbidities and long term conditions requiring more time in each consultation. 5% increase to appointment contact time for medium complexity patients, with no change to lowest complexity group. [2]

1 – Kings Fund Report, May 2016 states overall number of consultations (face-to-face and telephone) has increased by 15 per cent over the past five years http://www.kingsfund.org.uk/press/press-releases/causes-gp-crisis-revealed-new-analysis
2- Nuffield Trust, March 2015 “the number of consultations per person per year registered on a practice list rose – from 7.6 to 8.3” – 2010 – 2014.
3- Nuffield Trust, March 2015 - ”there has been a rise in the complexity of patients who require longer and more in-depth consultations” http://www.nuffieldtrust.org.uk/node/3996

Baseline forecasts show rising costs, demand and but in general staff levels able to keep up.

The baseline modelling shows that:

1. Recruitment of Primary Care roles (c10 additional FTE GPs) will be required to cope with the additional demand caused by the growing population and increasing contacts per head of the population. The current availability forecast predicts increasing pressure on supply.
2. Recruiting to fill the gap will be expensive, likely to cost £10.9m /year more for GPs alone by 2021.
3. Key challenge exists on Primary Care Nurse workforce, where Camden currently under-represented. It will be difficult to recruit significant volumes of additional Nurse roles given flat projected volumes. Recruitment of 5 Nurses / year required to keep volumes in Camden flat, double this figure required to meet demand.

Metric Type	Metric	2015	2021	Variance/ Change to 2021
Demand	Population (GLA Tables)	0.236m	0.245m	0.009m (4%)
	Modelled Demand (appts/ year)	1.29m	1.48m	0.19m (14.7%)
	Average contacts per patient per year	5.5	6.1	0.6 (10%)
	Volume GPs needed to meet demand	124	143	19
	Volume Nurses needed to meet demand	65	75	10
	Volume PAs and Other roles needed to meet demand	30	35	5
FTE Forecasts (available supply [1], 2021 supply modelled) [2]	GPs	143	153	10
	Nurses	51	49	-2 (shortfall 25)
	Other Roles	27	37	10
	Total modelled workforce Primary Care system cost [3]	£15.7m	£18.1m	£2.4m

1 – HSCIC Workforce existing Supply data - ' http://www.hscic.gov.uk/searchcatalogue?productid=20741&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#top
2 – HLP Modelled Supply based on recruitment, retention, turnover, retirement rates.
3 – HLP Modelled staffing costs based on average FTE salary, Health Careers - https://www.healthcareers.nhs.uk/about/careers-medicine/pay-doctors
4 – Health Education England, Quality and Commissioning Team,

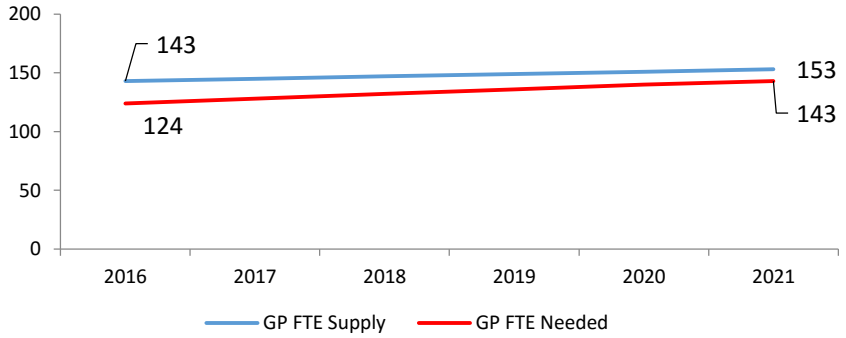
Camden has a strong supply of GPs vs demand, but pressure will grow over the STP period.

The team modelled the GP FTE requirements to 2021 based on existing population and demand projections. We also modelled the supply side projections for GP staffing based on the existing workforce, it's demography (retirement), turnover and recruitment to NQ positions. This resulted in 2 key findings:

- **Demand for GPs will rise over the coming 5 years, with supply of GPs able to keep pace to ensure demand can be met.**
- **However expanding workforce likely to pose a significant funding challenge which needs to be carefully considered.**

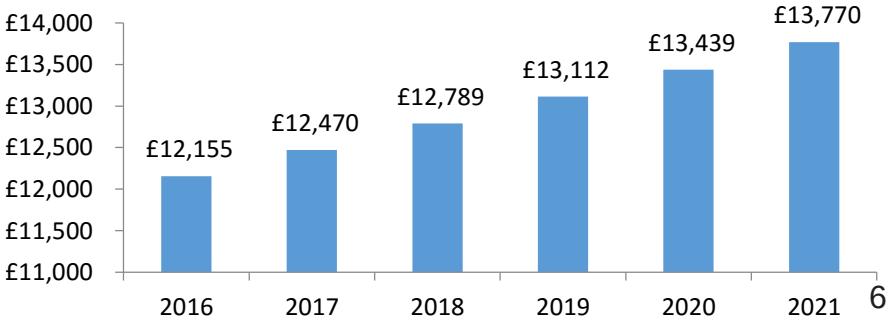
GP FTE Demand (red) and Supply (blue) Projections

- Existing workforce currently one of strongest in London. HSCIC Patients per GP in Camden at 1,410 vs London average 1,660.
- Available GP workforce likely to be able to increase at required rate to meet shifting demand. Flat trainee volumes (c96 year to NCL), but fairly young workforce means low retirement rate which aids workforce viability over coming 5 year period.



Camden GP Workforce Cost Projections (£000s)

- As demand for GP services increases (rising population, increasing contacts per year), workforce cost projection increases by annual £1.6m over coming 5 year STP period.
- Camden has 143 GP FTE currently, with total headcount 184, at 0.78 FTE per GP headcount, slightly below London average (0.81).



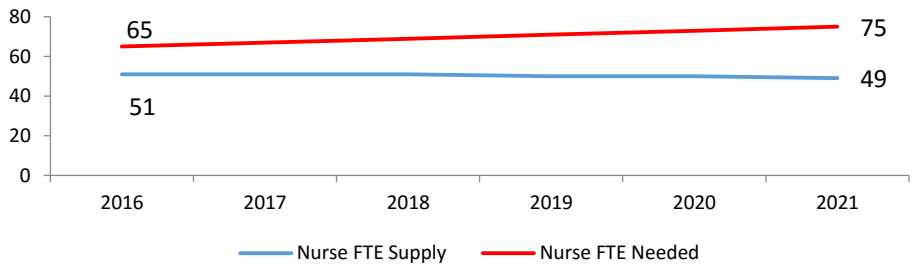
Nurse volumes in Camden are relatively low and supply will struggle to keep up with demand

The team modelled the Nurse FTE requirements to 2021 based on existing population and demand projections. The team also modelled the supply projections for Nurse staffing based on the existing workforce, it's demography, turnover and recruitment to new positions. This resulted in 2 key findings:

- Camden currently has a shortage of nurses. Recruitment of 10-15 nurses per year required to support existing staffing level – likely to be challenging, with GPs and other roles picking up strain if not met.
- Nurse volumes will struggle to increase significantly in STP period due to high retirement, low recruitment levels and increased flexible working, whilst demand for services to increase.

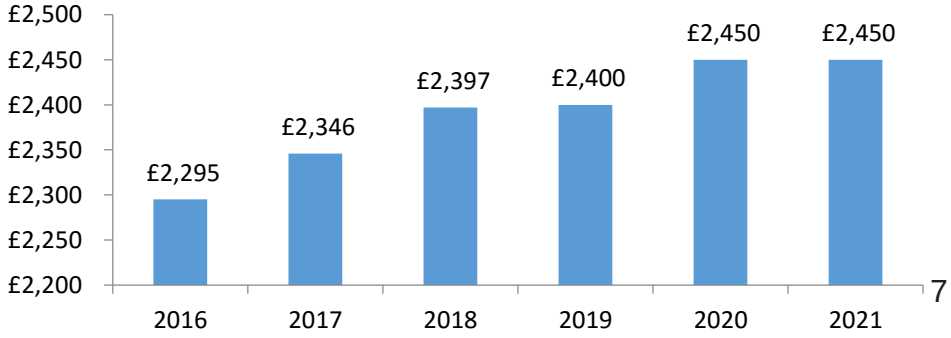
Nurse FTE expected based on average staffing ratios (red) and Supply (blue) Projections

- Low existing workforce volume compared to wider London. HSCIC Patients per Nurse in Camden at 3,507 vs London average 3,220.
- Available Nurse workforce could decline over period if insufficient recruitment and likely to be flat at best.
- High retirement – with 24% workforce over 55 – though this is significantly below some other parts of London.



Camden Nurse Workforce Cost Projections (£000s)

- Demand for Nurses likely to increase but workforce spend largely flat due to limited supply. Total impact at £0.15m at 2021 vs 2016 due to wage inflation.
- Camden has 51 Nurse FTE currently, with total headcount 74. Currently average nurse headcount provide 0.69 FTE in Camden, providing a potential short term resource pool.



Summary: The baseline modelling has surfaced a number of strategic issues for Camden CCG

- Camden currently appears to have a good supply of permanent post GPs, partly supported by its workforce currently working longer than its contracted hours base. This situation should be monitored in the coming years as it could become unsustainable from a cost and viability perspective.
- As the population of Camden increases (by 4%) there will be rising demand for GP services and FTE, while deteriorating health and clinical models predicated on more work happening in Primary and Community care will exacerbate the increase in demand (by a further 11% per patient). With projections for NQ trainee numbers flat at 96 into NCL each year it may be difficult to meet demand if a shock (either population growth or deteriorating health) impacts the system.
- Given projections around retirement rates and turnover rates, recruitment of 3-5 GP FTEs per year (in addition to the NQ GPs) is likely needed from wider London pool or internationally to keep up with the increasing demand.
- At a CCG level, Camden has under 8% of practices that are single-handed representing a small potential continuity risk compared to the rest of London. There is one practice within the CCG where no GP under 50 exists.
- The key area of focus for Camden should be its Nursing workforce. Although lower than the average London figure, the Camden figure (24%) for nurse headcount over 55, should be a concern. We project that Camden will have a shortfall of Primary Care Nurses by 2021 (c25 Nurse FTE) based on current ways of working. Camden would require recruitment of 12 Nurses into Primary Care for each of the coming 5 years to meet the growing demand given high likely retirement and general turnover rates. However this may not be possible in the short term.
- Camden has a fairly strong Direct Patient Care workforce which help support some of the pockets of strain from the Nurse workforce shortage. The modelling predicts recruitment of 4-5 roles per year will be required to keep up with projected demand – assuming no further shift towards adopting enhanced use of new roles.
- Current reliance on GP and nursing staff (totalling 88% of 2015 Primary Care workforce) is costly, and funding challenge set to increase in coming years.

5 – The 2021 impacts of different interventions available to Camden

For Camden we have modelled the following range of interventions to thinking on new roles and ways of working. We note extensive engagement with a wider group of primary care stakeholders may be beneficial to this process.

Although some of these interventions are already in place across Camden or London, running pilots for each of these can be a costly and time-consuming process – instead we can first use simulation models to understand the likely cost, activity and quality impacts of these interventions and potential synergies that may arise, to inform decision making about which initiatives Camden could prioritise and pilot.

The interventions modelled are indicative and intended to show the potential 'size of the prize' and possible improvements that could be made. We would welcome the opportunity to work more closely with Camden CCG to model its key planned interventions and scenarios.

Key 'operational impact themes' to be addressed by the initiatives

Reduce administrative burden Increase patient facing time for clinical members of staff.
Improve Planning Make sure that patients see the right person, in the right place at the right time; superior planning to reduce repeat contacts.
Working better at scale Reduce bureaucracy and duplication through working at scale (federations) interoperability, remote working use of new technologies etc.

6 - Next steps

It is anticipated that the work should be refined and expanded as new information and data become available, findings from pilot initiatives emerge and new strategies to test are articulated. Further developments that Camden may like to pursue include but are not limited to…

- Build on existing data collection and validation.
- Refine and rework existing scenarios if required.
- Develop further scenarios to test with Camden.
- Work with individual practices to run model for their teams both to strengthen the robustness of the model and to support challenged organisations with moving to new ways of working where required.
- Establishment of modelling steering group to support feeding the findings into Camden strategy.
- Understanding of OD implications and other implementation details.
- Wider engagement programme if required.

Appendix

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1 - Executive Summary

This report details the initial primary care workforce modelling findings for Camden CCG to inform the its Quarterly Primary Care Membership Summit. The work was developed across Camden by the London Workforce Programme in conjunction with HEE.

Over the next five years, the population of Camden is set to increase by 4%. In this period, we can also expect to see a growth in the number of patients with more complex needs, as the population aged 55+ grows twice as fast as the rest of the population, contributing to the proportion of people with multiple long term conditions also increasing.

This combination of demographic shifts is expected to present a series of severe pressures on primary care services. At the same time, we are facing the threat of large volumes of GPs and primary care nurses retiring in the coming years with over 25% of GPs over 55 in North Central London – the figure for Camden is 16%.

The findings in this report indicate that continuing to deliver care as we do today to 2021 will create increasing pressures on the Primary Care workforce. The evidence suggests Camden has both a young and strong (volume) GP workforce supply, with some of the best key performance metrics in London. Whilst we do not anticipate a GP shortfall by 2021, we do forecast a shortfall of Primary Care Nurses (c25 by 2021) which will place increasing pressure on the other staffing groups. Increased recruitment of GPs and Other Direct Patient Care roles (HCAs, Pharmacists, Physiotherapists etc) will likely be required to help support this gap.

Primary Care leaders in Camden therefore asked for a series of possible interventions to be explored through this modelling work to identify what an achievable and realistic roadmap to reducing pressures on primary care by 2021 could look like. These interventions include reducing the administration burden on clinicians through new ways of working, improving planning in the GP Practice, promoting MDT working, introducing new and upskilling existing roles and working better at scale. The findings in this report illustrate how a blended application of these initiatives could potentially be applied to ensure the safe and sustainable delivery of services to meet patient demand in 2021.

The findings in this report and from the subsequent work can help inform their local Camden Primary Care Strategy and delivery and provide robust decision support when it comes to implementation. It is envisaged that further ongoing refinement of the initiatives tested in this model and more extensive engagement with a wider group of primary care stakeholders may be beneficial to this process.

2 - Introducing the Camden Workforce Model

The London Workforce Programme Team, in conjunction with HEE, were asked by Camden CCG to illustrate the future challenges facing their Primary Care workforce by 2021 and to provide detailed impact analysis for a series of strategic interventions.

This decision support service was required as part of the development of the five year Sustainable Transformation Plans (STP) for NCL so that service strategy and workforce strategy can be fully integrated as they are formulated.

The work was guided by NCL's primary care modelling reference group, a series of local GP level test pilots, with engagement from a variety of community leads from primary care. Many of the key assumptions and input for the Camden modelling originated with the NCL wide group.

Using a flexible system dynamics approach, the development initially focused on qualitative interactions to understand the relationships between different elements of the system. Secondly, data and assumptions were applied to this agreed concept to build a locally-owned interactive model of primary care demand, activity and workforce.

The tool enables the effective modelling of Primary Care demand to 2021, and the implications of this on workforce capacity, productivity and cost.

The joint development team have been working with STP-level teams and CCGs across London to adapt bespoke models from its shared origins as a workforce model developed for the Transforming Services Together project in East London.

The findings in this report and from subsequent work will help inform local CCG strategies, STP submissions in 2016 and future work to provide robust decision support when it comes to implementation. It is envisaged that further refinement of the initiatives tested in this model and more extensive engagement with a wider group of primary care stakeholders may be beneficial to this process.

The London Workforce Programme & Objectives

The London Workforce Programme is a joint initiative of the Healthy London Partnership, Health Education England, NHS England and Clinical Commissioning Groups.

In March 2016, the programme launched the London Strategic Workforce Framework to establish a coherent voice around the most pressing workforce challenges in London now, and to enable the workforce to transform health and social care services across the Capital. The resource can be accessed here.

In support of the 8 key priorities (right), the primary care workforce modelling is designed to:

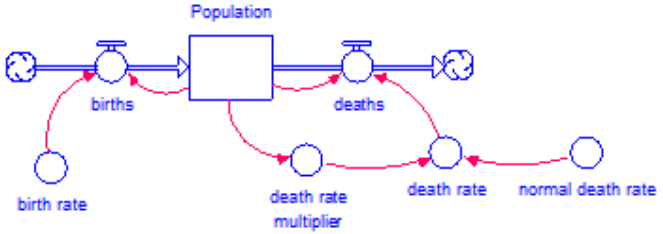
- Bring together STP and CCG teams, commissioners and local service representatives to establish what additional strain a growing and ageing population will place on the primary care workforce.
- Enable us to calculate the additional number of GPs, nurses and other staff that will be required to meet this demand on the basis of running services in the same way in 2021.

- The tool also allows exploration of various new ways of working and using existing and new roles. We will work with providers to test the initiatives that they are planning, using existing case studies to measure their potential impact on the primary care workforce in 5 years time.
- This work is designed to support decision making to actively deliver improved value and productivity in the primary care workforce across London.

The development of flexible simulation modelling

Local ownership of the data, research-informed values and tested assumptions underpin the model. The creation of the tool consisted of a number of stages, as follows:

1. Initial workshops with a series of NCL general practice teams to ensure the current ways of working, how services are delivered, the allocation of staff time and function across different staff groups and patient behaviours are all accurately depicted in the model.
2. Desk research to understand core data underlying population segmentation, primary care demand and appointment numbers and trends, staff numbers and flows to/from primary care services & existing national (eg GPFV) & Camden strategy initiatives.
3. Further detailed work with a range of operational staff and those responsible for data / information management to confirm the detailed structure of the model and to determine the best sources of data or proxy measures if certain data is unavailable.
4. Building the revised model and entering practice audit data where available.
5. Multi-disciplinary/sector operational groups to test assumptions and elements concentrating on care pathways and specifying / agreeing the model structure and future intervention scenarios to test.
6. Testing and playing back the findings with a range of operational and information management teams and refining the future scenarios.



System Dynamics uses stocks and flows to represent elements of a system and allows us to model changes to a range of metrics

Data, research-informed values and assumptions

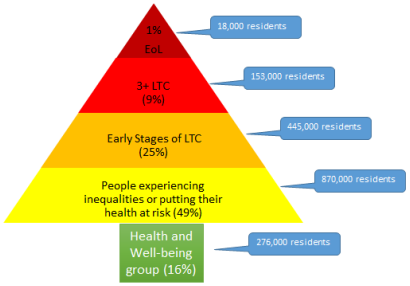
The model requires a range of data inputs to facilitate the required results. These inputs vary in their flexibility from accepted robust data sources to locally provided health data and audited local surveys and assumptions to test. The inputs range in their nature from population, to complexity, and operational and staffing based data inputs to facilitate the required results.

Primary Care demand	Derived from GLA and ONS population data sources with population growth modelled through (population rising from current 236k to 245k by 2021)
Patient Complexity data	Population health complexity data provided by North Central London CSU in the form of its population segmentation model, more detail on which is available later in this pack.
Workforce Supply	GP and Primary Care workforce volumes data taken from HSCIC counts, most recently updated in April 2016 (figures accurate to September 2015). Where HSCIC counts are not 100% complete, calculations are made to round up for a local region. The latest HSCIC staffing count is 88% complete, with assumptions made to account for the final 12%.
Activity	Appointment timings, length, average contacts per patient and appointment setting taken from locally provided audits, evidence and tested with group of GPs across NCL and Camden and other clinicians at baselining workshops to validate. Data can be further tested and refined as appropriate.

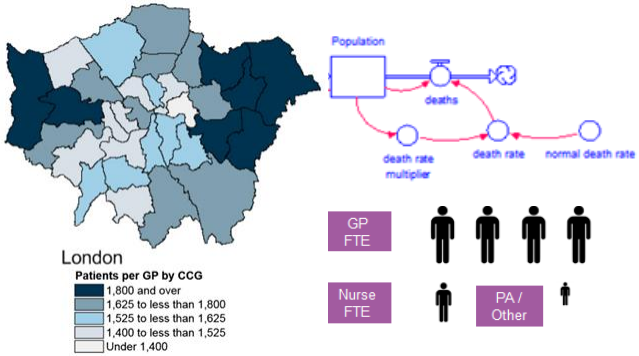
Key Elements of the Modelling

Understanding the 2016 Baseline and Exploring 2021 Interventions

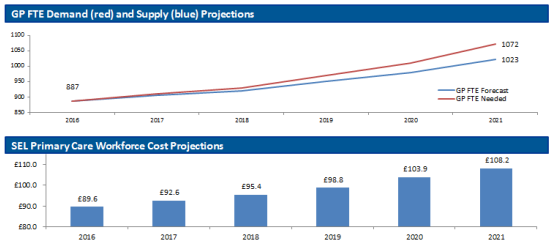
1. Understanding current and future Populations, Patient Segmentation and Demand for Services



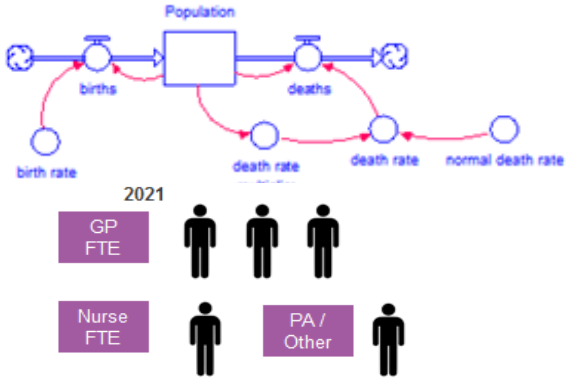
2. Understanding how Services are currently delivered in the CCG by teams



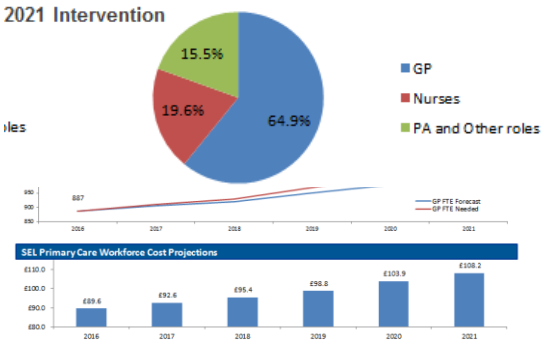
3. Understanding risks of not transforming by 2021: unmet patient demand, workforce shortages, cost pressures



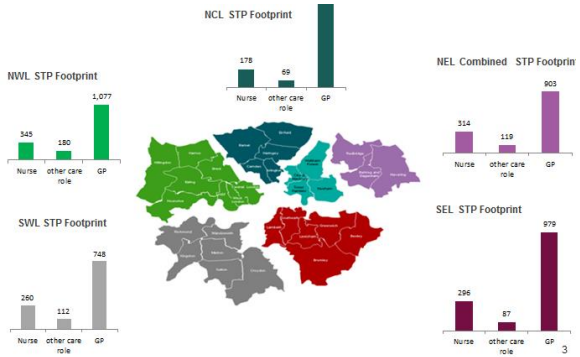
4. Exploring each CCG's possible new ways of working, triage models and new roles & team structures



5. Exploring the impacts of each strategy & refining to maximise quality, meeting patient demand, cost and workforce pressures



6. Testing scenarios at pan-London level, macro-level staff supply testing; documentation of final CCG plans and London overview



3 – Setting the scene: our Camden population and primary care workforce

Camden CCG, like the rest of the country, faces a range of population demand and workforce issues that have implications for the delivery of primary (community-based) care strategies.

- These issues include a growing and ageing population that results in more complex cases presenting in higher numbers than ever before at their GP surgery
- Added to this is a national shortage of GPs and other primary care staff coming into the profession, with the RCGP estimating more than 1,000 GPs will leave the profession on an annual basis by 2022. This is exacerbated by high projected retirement rates amongst GPs, with estimates suggesting 22% could step back from front line patient care within 5 years. [1]
- Multi-disciplinary team working in primary care is recognised as a benefit to patients and staff. However, the high number of single handed practices and poor quality estate across primary care make this difficult to achieve.
- The present funding environment requires efficiency savings to be found to maintain care levels and quality.

1- RCGP Publication, 2nd October 2014 - http://www.rcgp.org.uk/news/2014/october/over-500-surgeries-at-risk-of-closure-as-gp-workforce-crisis-deepens.aspx

The Camden population is growing and ageing, whilst funding is restricted

The population of Camden is to grow by 4% (c9,000) to 2021, from 0.236m to 0.245m over the coming 5 year period. [1]

The majority (55%) of this growth is driven growth in the over 55 age category, with it making up 5,100 out of the 9,000 increase.

As a result of these demographics shifts, particularly the ageing population, patients are becoming increasingly complex, each taking a greater amount of GP time per appointment.

- **Estimates suggest a 10% increase to individual appointment time over the coming 5 years.**
- The largest analysis of GP and nurse consultations to date shows workloads in general practice have increased by 16 per cent over the past seven years, with more frequent and longer consultations (Apr 16).[2]

1- GLA Population Roundtable Projections http://data.london.gov.uk/demography/population-projections/
2- University of Oxford study, published April 2016 - http://www.ox.ac.uk/news/2016-04-06-clinical-workload-general-practice-england-rises-16-seven-years

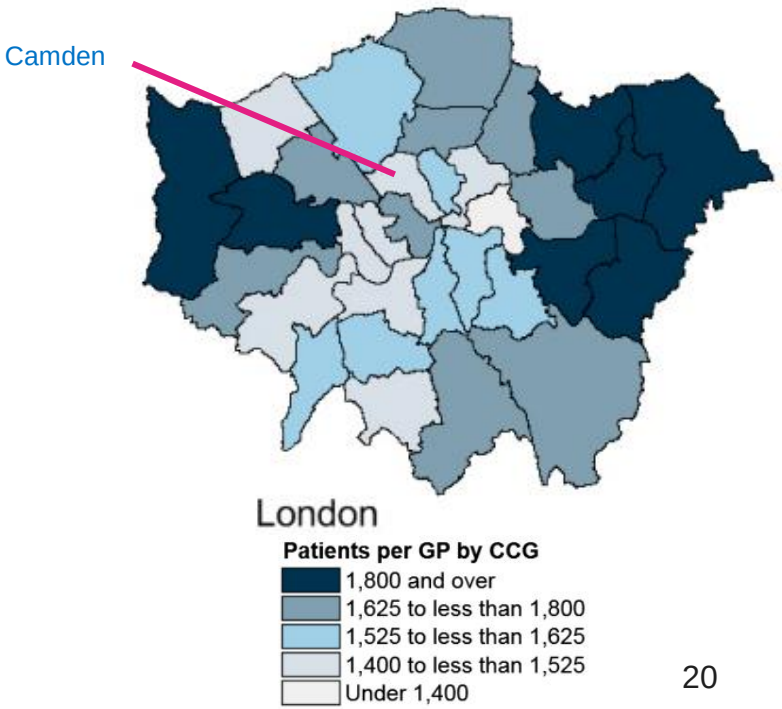
There are national and local shortages of GPs with pockets for focus across North London.

- Well-documented pressures on general practice have led to fewer training posts being filled and more GPs planning to retire early, resulting in a growing shortfall in the number of GPs (King's Fund).
- A Royal College of GPs survey in 2015 showed a number of London CCGs as having a great need for uplift in GP numbers.

Overall Camden has a strong GP to patient ratio in comparison to NCL and wider London, however:

- With a growing population, demand is forecast to rise, and large increases to GP recruitment volumes are unlikely to materialise with the main source of recruitment being NQs and from around London.
- Camden has a strong GP staffing ratio (the third best in London), with 1,410 patients per GP compared to the London average of 1,660. The NCL average is 1,602.
- Camden has proportionately fewer Nursing staff, with 3,507 patients per Nurse, compared to 3,220 across London and 3,408 within the wider NCL footprint.
- Camden has a strong supply of Other Direct Patient Care roles, with 6,654 patients per DPC role, versus the London average 6,757.

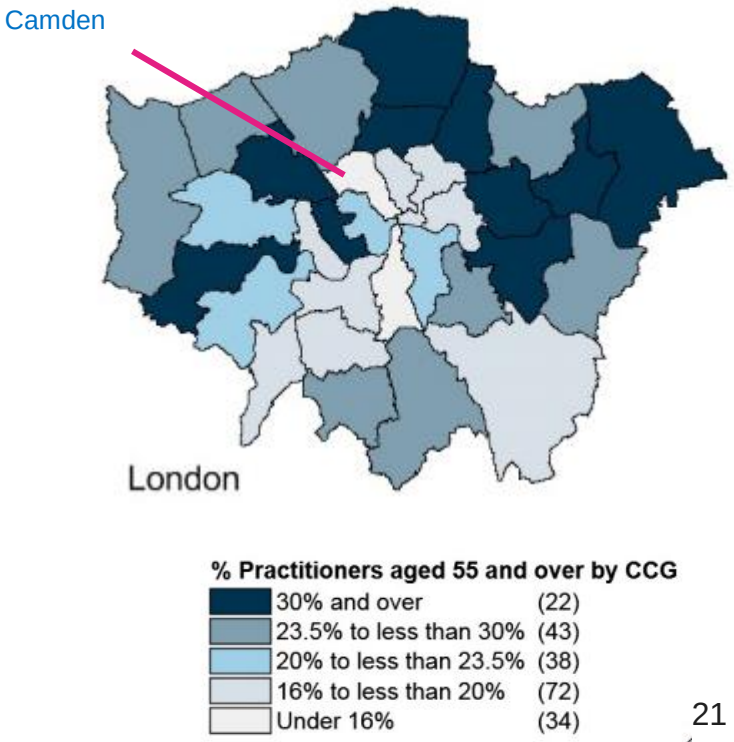
Chart shows variance in GP FTE per patient (HSCIC GP Workforce Tool) (2016)



There are some continuity risks due to ageing staff, but Camden's GP workforce performs well.

- The RCGPs estimates around 22% of GPs in London could step back from front line patient care within the next 5 years.
- High proportions of workforce over 55 may signal a longer term continuity risk for planners, indicating higher than average retirement rates.
- 25% of GPs and 37% of nurses in NCL are aged over 55, suggesting that retirement numbers over the next decade will be significant (but below the London average).
- In Camden, 15.9% of GPs are over 55, the second lowest figure in London.
- Similarly, Camden's Nurse workforce is fairly young, with just 24.4% over 55, the third best score in London.
- In Camden, 13.6% of the Direct Patient Care workforce is over 55, versus the London average of 21.3%.

Camden has a low % of GPs over 55 versus the rest of London and a young workforce in general

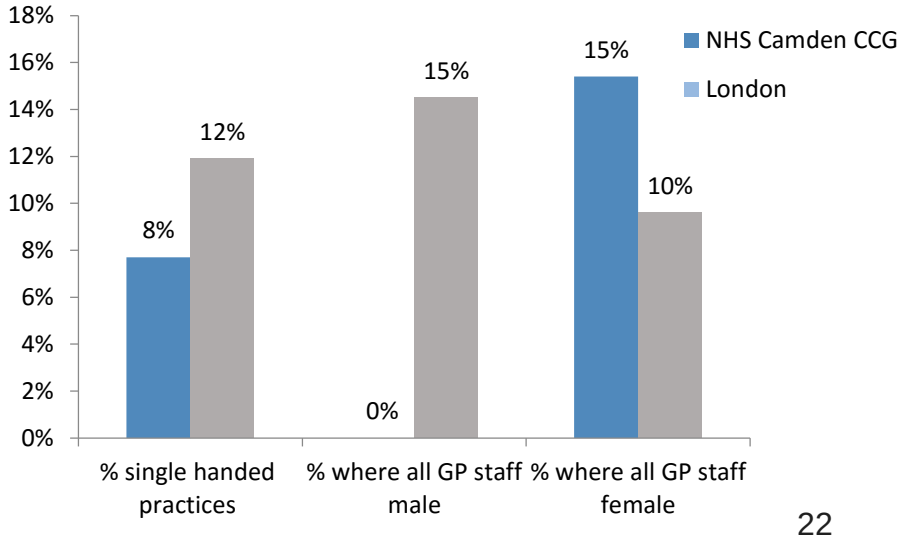


There are barriers in some areas to multi-disciplinary working

Multi-disciplinary working in primary care is widely recognised as beneficial to patients and staff (HEE, 2015)

- To achieve this we need sufficient, trained staff with suitable estates and robust networks.
- Although not all MDT need to be collocated, single handed practices may be a barrier to MDT working - roughly 7.7% of practices in Camden are single handed which is 4.2pts below the average for the rest of London. Whilst lower than average this could represents a risk to continuity via retirement.
- We need to ensure the right roles are dealing with the right patients, and reduce unnecessary or repeat contacts – this may mean developing new roles aimed at integrated care.
- However before any policy or decisions or initiatives can be implemented its vital to quantify the extent of the baseline workforce cost and capacity challenge.

Camden generally has a lower % of single handed GP practices vs the rest of London. It does though have a higher % of practices where all GP staff are female.



Retirement and retention of staff looks to be a significant underlying issue nationally

Retention of GPs is problematic [1].

- Between 2005 and 2014 the proportion of GPs aged 55–64 leaving the profession approximately doubled;
  - In 2014, 15.5 per cent of GPs aged 55–59 and 17.9 per cent of GPs aged 60–64 left the profession.
- Younger GPs are also leaving in growing numbers;
  - The proportion of GPs aged 35–44 leaving the profession increased from 3.8 per cent in 2005 to 6.1 per cent in 2014 (National Audit Office 2015).
  - Surveys show that the proportion of GPs expecting to leave direct patient care in the next five years increased from 8.9 per cent in 2012 to 13.1 per cent in 2015 (among GPs under 50) and from 54.1 per cent in 2012 to 60.9 per cent in 2015 (among GPs aged 50 and over).
  - In Camden we believe retirement levels are likely to spike in 2017 and 2018 due to impending contract changes before returning to more normal levels.
- A survey of general practice nurses in 2015 found that a third (33.4%) are due to retire by 2020 [2].

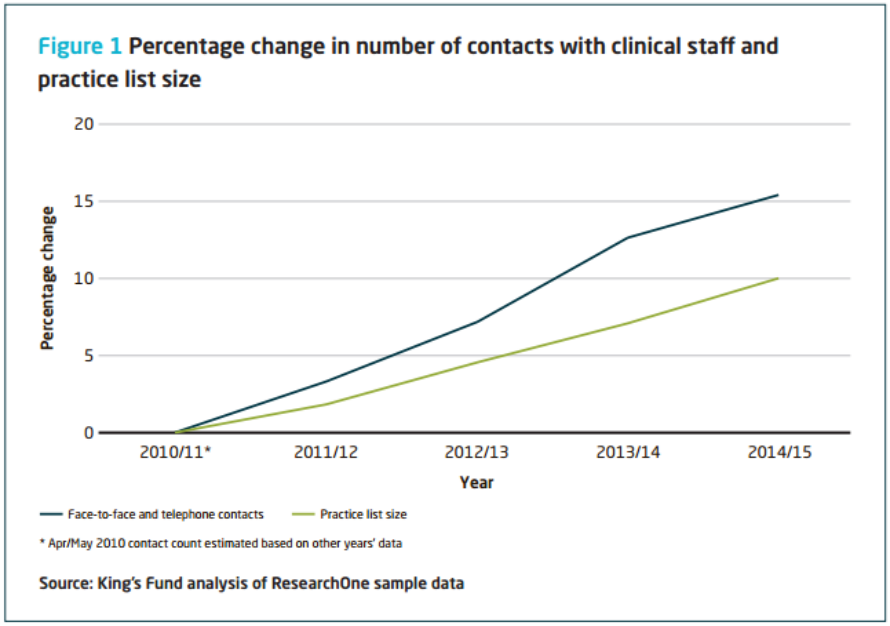
1– Understanding Pressures in Primary Care, Kings Fund, May 2016 - http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding%20pressures...%20online%20version_0.pdf
2 – General Practice Nursing in the 21st Century, Bradby and McCallum, 2015 - http://qni.org.uk/docs/1%20FOR%20WEB%20GPN%2021%20Century%20Report.pdf

National Trend sees increasing volume of average contacts per patient driven by ageing population

The latest Kings Fund report 'Understanding Pressures in Primary Care' demonstrates the fast rising volume in average contacts per patient per year [1].

- The data revealed that total direct face-to-face and telephone contacts with patients increased by 15.4 per cent across all clinical staff groups between 2010/11 and 2014/15.
- During the same period, the average patient list size increased by 10 per cent.

- Overall consultations per registered patient per year for clinical staff groups rose from 4.29 in 2010/11 to 4.91 in 2014/15.
- The workload survey of 43 practices found wide variation in the average number of contacts with patients, from 0.07 contacts per registered patient to 0.19 contacts. Taken over the course of a year, that would be a range of 3.64 to 9.88.
- The share of clinical staff contacts taken up by patients over 85 increased by 16 per cent, from 3.6 per cent to 4.3 per cent (a 28 per cent increase in total contacts). The share of clinical staff contacts taken up by children and those aged 65–84 has remained stable.

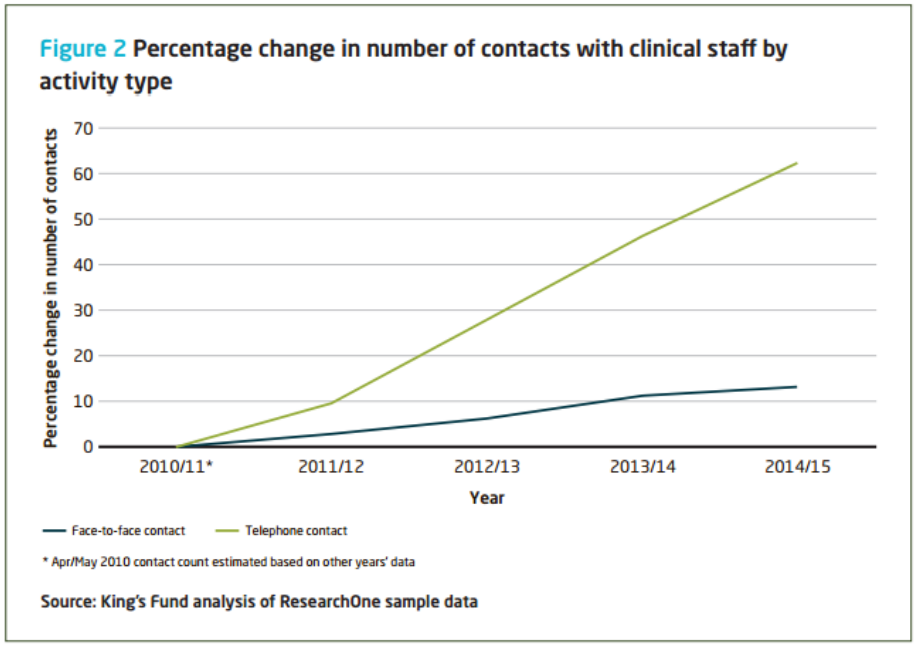


1– Understanding Pressures in Primary Care, Kings Fund, May 2016 - http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding%20pressures...%20online%20version_0.pdf

Trend for increasing split of phone consultations with smaller rise in surgery appointments

The latest Kings Fund report on Understanding Pressures in Primary Care demonstrates the trend towards increasing telephone consultations, with the % change in face-to-face consultations rising far less rapidly [1].

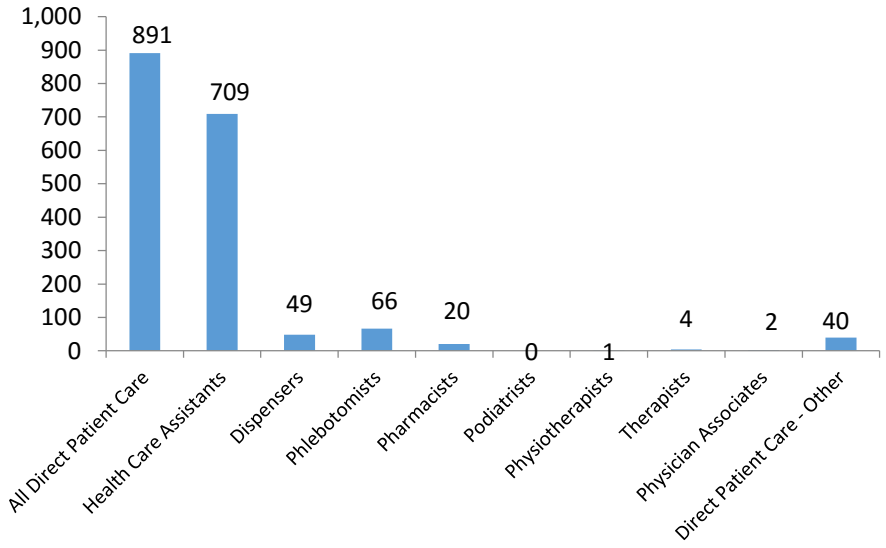
- There were definite changes in how patients interact with their practice. Total face-to-face consultations increased by 13.3 per cent between 2010/11 and 2014/15, while telephone contacts increased hugely by 62.6 per cent over the same period.
- The proportion of telephone consultations to face-to-face consultations changed from 10 per cent to 14 per cent over the same five-year period.
- The average practice responding to our workload survey conducted 979 (75% of total) face-to-face and 288 telephone consultations (22%) a week (with an average registered patient list of 10,880).
- Among those practices that provided data on the number of home and care home visits, the average was 13 care home visits and 27 home visits (4% of total).



1– Understanding Pressures in Primary Care, Kings Fund, May 2016 - http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding%20pressures...%20online%20version_0.pdf

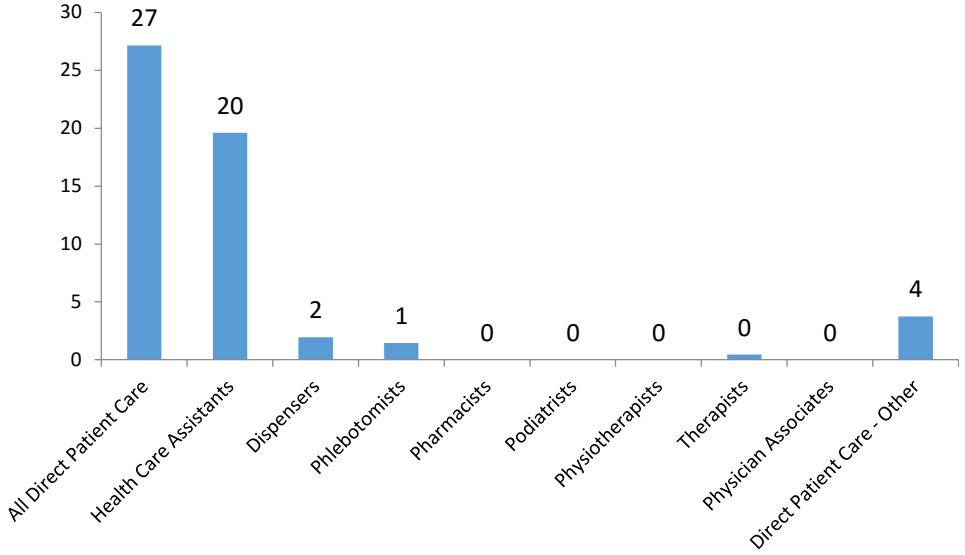
Analysis of data shows majority of the HSCIC's reported 'Direct Patient Care' roles to be HCAs [1]

London 'Direct Patient Care' Workforce



- London wide – Other Direct Patient Care workforce within Primary Care at 891 FTE roles, with headcount 1,368.
- Vast majority (80%) of reported FTE roles in London are in Health Care Assistant capacity.
- Relatively small reported number Physician Associates currently working in Primary Care.
- Data subject to usual HSCIC constraints.

Camden 'Direct Patient Care' Workforce



- Camden wide – Other Direct Patient Care workforce within Primary Care at 27 FTE roles, with headcount 39.
- Vast majority (74%) of reported FTE roles in London are in Health Care Assistant capacity.
- No Physician Associates currently reported to be working in Primary Care in survey released April 2016.
- Data subject to usual HSCIC constraints.

1 – HSCIC Workforce existing Supply data - '
http://www.hscic.gov.uk/searchcatalogue?productid=20741&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#top

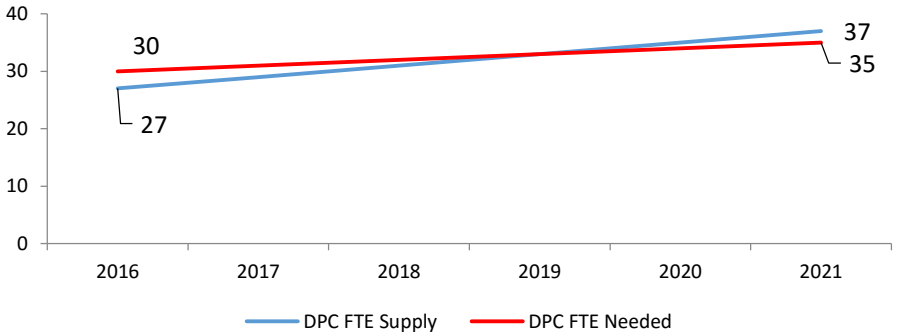
There is a relatively good supply of HCAs and other patient-facing clinical roles in Camden.

We modelled the Other 'Direct Patient Care' role FTE requirements to 2021 based on existing population and demand projections. We also modelled the supply projections for Other care roles staffing based on the existing workforce, it's demography, turnover and recruitment to new positions. This resulted in 2 key findings:

- Camden currently has a fairly strong supply of other care roles, helping to support the shortfall in Nurse staff.
- Uplift of 15-20% in Other Care role volumes needed in coming 5 year period to support growing demand, especially so given nursing profile.

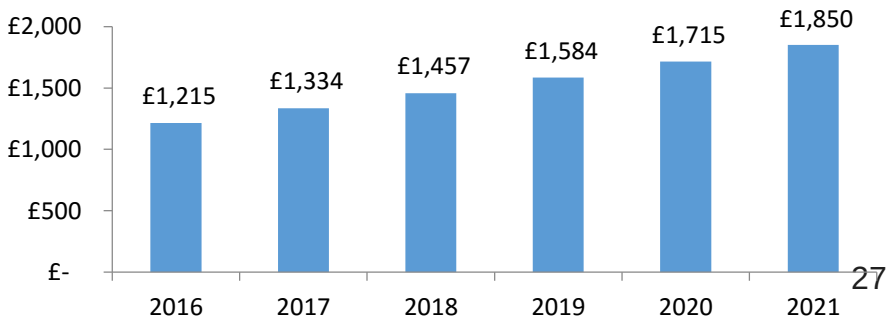
Other Care roles FTE expected based on average staffing ratios (red) and supply (blue) projections

- Strong existing Direct Patient Care workforce in Camden, with over 20% of NCL DPC workforce.
- HSCIC Patients per Direct Care FTE in Camden at 6,654 vs London average 6,757. Best ratio in NCL where average is 8,137 patients per DPC role.
- Available DPC workforce is fairly young, with 13.6% over 55 (London average 21.3%), and 31.8% under 35 (London average 26.6%), meaning key supply challenge around recruitment and retention within the CCG.



Other Care roles Workforce Cost Projections (£000s)

- As supply of Other Direct Patient Care roles likely increases, workforce cost projection increases by annual £0.6m over STP period.
- Camden has 27 Other DPC FTE currently, with total headcount 39.
- Currently average DPC headcount provide 0.69 FTE in Camden, 5% above London average and providing a potential short term resource pool.



Camden Assumptions Table and Calculations

For the baseline assessment the following assumptions were used:

1. Population growth of 9,000 (4%) modelled as per 2014 GLA Projection tables for borough of Camden.
2. Staff Supply – existing FTE staff supply modelled to reflect current HSCIC Primary Care staffing counts (released 27 April 2015), refreshed September 30 2015.
3. Average appointments per patient per year to increase by 15% - from 5.5 currently, to 6.1 by 2021 - 11% increase.
4. Available working time - 200 GP working days / year, 10.8 hour days (based on GP partner working 12 hours and other GP roles working 9 hours), 33% non patient facing time (patient facing and non-patient facing admin)
5. Split of patient activity – 60% activity undertaken by GP, 28% undertaken by Nurse, 12% by other roles.
6. Split of activity – 75% face to face consultation, 21% telephone contact, 4% home visit.
7. Recruitment – GP and Nurse recruitment for London numbers provided by HEE team (192 London ST1 trainees per year to NCEL, assumed 96 to NCL of 458 split across 5 London STPs). Assumed will remain flat in coming 5 year period. Assumed each trainee to work 0.8 FTE.
8. Turnover of 6% of GP, Nurse and PA workforce per year modelled to reflect various studies suggesting high leaver rates amongst current group within Primary Care.
9. Retirement Rates of 15% per year of existing over 55 workforce – were modelled to reflect increased expected retirement in the coming 5 year period given numerous studies cited in this document. Typically would expect 10% retirement rates per year within this category.
10. Fully costed salaries – GP £95,000 rising 1.5% / year; Nurse - £45,000 rising 1.5% / year, PA and other roles - £50,000 rising 1.5% / year
11. Net Average Appointment time (incl. Home Visits (average 45mins), surgery visits (10-30mins complexity dependent) telephone consultations (5- 20mins complexity dependent) is 14 minutes, increasing gradually to 14.5 minutes by 2021 due to increase in component parts.
12. Camden – population complexity data provided by NCL SPG – Carnall Farrar analysis – NCL aggregate health and care segmentation.

Caveats

- Data agreed in conjunction with NCL, Primary Care workforce steering group – subject to ownership and accuracy of assumptions agreed.
- Data subject to accuracy of HSCIC figures – do not assume locums who are likely filling some of the existing gaps – at increased cost.

i.

Reduce the administrative burden on GPs

Reduce the administrative burden on GPs

- Based on discussions with clinicians across London, the model assumes that current GPs spend 33% of their total time on non-patient facing activities.
- Initiatives such as primary care clinical personal assistants, which were piloted at Pullborough medical group practice and then extended to Brighton and Hove. Were found to reduce the administrative burden on GPs by up to 40 minutes per day or a 6% reduction in administration time, assuming a 10.5 hour day
- Based on the discussions we have had elsewhere in London we have been informed that 20% of the admin a GP has to carry out is unnecessary and 10% could be carried out by non clinical staff. Following on from the discussions, we will model a reduced administrative burden leading to a reduction in turnover and retirement rates, but not making any difference to the number of patients seen.

GP FTE Demand scenario modelling

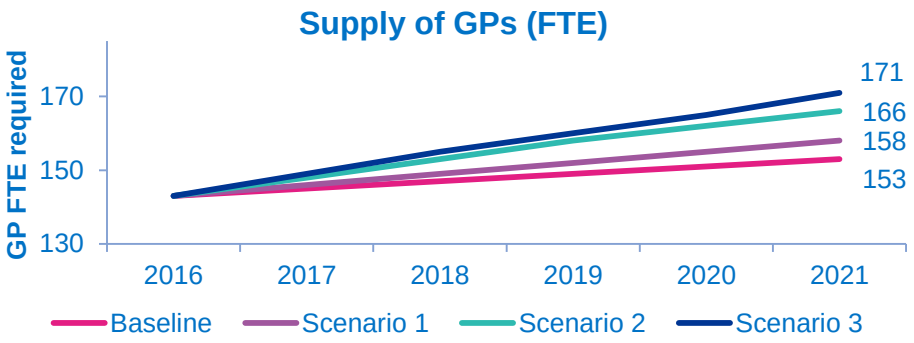
Scenario	GP admin reduction	Over 55 retirement rate	GP turnover rate
Baseline	0%	15%	6%
Scenario 1	10%	10%	6%
Scenario 2	20%	15%	4%
Scenario 3	30%	10%	4%

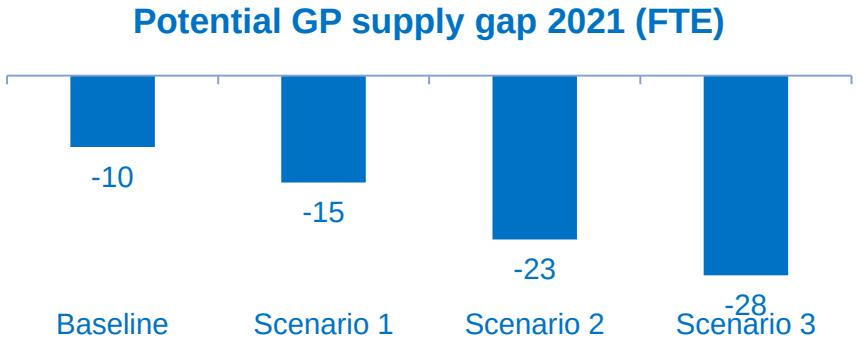
- To quantify the potential impact of decreasing the amount of time a GP spends on administration we have modelled 3 scenarios.
- In each scenario the amount of time a GP spends on admin is reduced by an increment every year in scenario 1 this number is 0.5% reducing the total time a GP spends on administrative tasks to 30.5% in 2021 vs 33% in the baseline.
- The effect of different rates of reduction in non-patient facing time are investigated to demonstrate the potential effect of the gradual implementation of new ways of working could have on demand.

Reduce the administrative burden on GPs

- As explained on the previous page we have modelled the effects of incrementally reducing the amount of time that a GP spends on non-patient facing activities over the 5 year period to 2021.
- This demonstrates the potential gains that can be made from introducing new ways of working incrementally over the next 5 years.

GP FTE Demand scenario modelling





- Based on a 5 percentage point reduction in GP retirement rates based on reduced administration per year (Scenario 1) the GP supply could increase by 5 FTE, up to 158 from the baseline of 153.
- This demonstrates the significant effect (3%) a relatively small change in the retirement and turnover rates can have on the overall GP supply in Camden.
- Scenario 2 based on a 2 percentage point decrease in GP turnover increases the number of available GP FTE by 13 in 2021.
- Scenario 3 suggests that by reducing the retirement and GP turnover rate based on reducing administration there could be an additional 18 GPs in 2021 based on supply projections.
- Even the smallest reduction would make a material difference to the Primary Care system within Camden ensuring greater resilience in the system and reducing any supply gaps that could exist should a shock to demand occur.

ii.

Increased use of Skype consultations and remote working

Increased use of remote working in Camden

- Based on discussions with clinicians across London the model assumes that currently 6% of GPs will leave General Practice each year – ceasing to participate in the system. This is largely attributable to some of the strains of working in the profession.
- The modelling also assumes a raised retirement rate over the coming 5 years (15% of the over 55 workforce each year), with the existing pressures in general practice causing many clinicians to retire early from the profession. The model also assumes NQ GPs are choosing to work part time, only fulfilling c0.7- 0.8 of an FTE.
- Initiatives to reduce the retirement rate, reduce the turnover rate out of General Practice, and encourage younger GPs to work more sessions will contribute to an increased supply pool of GPs and help relieve some of the current pressures and gaps.
- GPs at the NCL steering group believed the increased use of Skype and promotion of more flexible, remote working may reduce turnover and retirement and increase participation rates of GPs.

GP FTE Demand scenario modelling

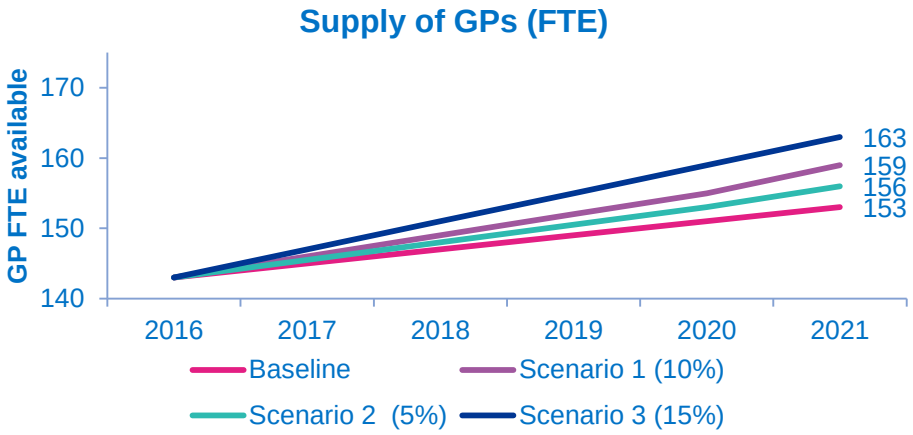
Scenario	Retirement (% of over 55 retiring each year)	Turnover rate	NQ (ave. FTE worked of each NQ GP)	% change
Baseline	15%	6%	0.8	-
Scenario 1	13.5%	5.4%	0.82	(10%)
Scenario 2	14.25%	5.7%	0.81	(5%)
Scenario 3	12.75%	5.1%	0.83	(15%)

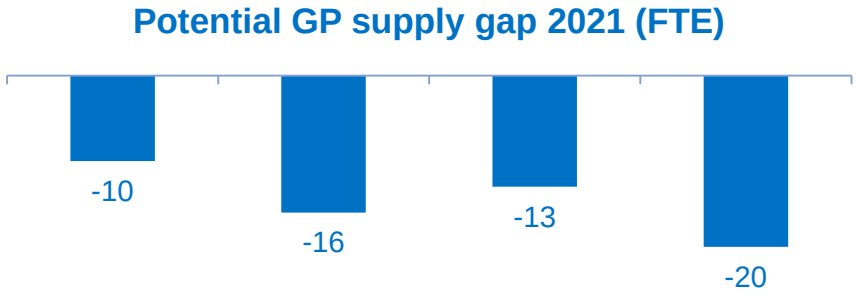
- To quantify the potential benefit of a shift towards greater remote working we have modelled 3 scenarios reducing turnover and increasing participation in each.
- In each scenario the assumptions from the baseline model are altered to either reduce retirement rates, increase NQ GP participation or reduce turnover rates. The specifics scenarios are played out on the table opposite.
- The effect of different rates of changes to our assumptions are investigated to demonstrate the potential effect the gradual implementation of new initiatives and ways of working could have on GP supply.

Increased use of remote working

- As explained on the previous page we have modelled the effects of reducing the expected retirement rates and turnover rates by 5%, 10% and 15%. We have also modelled the impact of reducing the volume of NQ GPs who do not work full time by 5%, 10% and 15%, This incrementally improves the supply of GPs over the 5 year period to 2021.
- The scenario below demonstrates the potential gains that can be made from introducing initiatives to support these aims.

GP FTE Demand scenario modelling





- Reducing the turnover rate, retirement rate and increasing NQ participation of GPs by 10% (scenario 1) until 2021 provides an additional 3 GP FTE into the supply pool to support the growing demand, creating greater resilience without any recruitment.
- This demonstrates the effect that a relatively small change in the ways GPs work in Camden can have on the number of GP's that will be available by 2021.
- The most drastic reduction (scenario 3, provides a 15% improvement versus the baseline, with 10 additional GP FTE in the supply pool.
- Even a relatively small improvement in the turnover, retirement and participation rates provides additional GP FTE to support the growing demand in Camden.

* Please note: the assumptions modelled assume a pure supply side change from the new ways of working. The workforce group specifically asked that no extra capacity be freed up from this scenario