Horizon Scanning - Strategic Workforce Plan for Primary Care (SWPPC)

The table below details a comprehensive list of policies, publications and strategic drivers which have been published, reviewed, or updated which will influence the development of the strategic workforce plan for primary care, with reference to and relevance for the shape and supply of the future workforce for NHS Wales.

Please note: This table is not an exhaustive list and does not include a review of the literature in its entirety. Nor does it include a detailed review of all profession specific materials (i.e dental, pharmacy, optometry). Work is currently underway with individual professions to review appropriate documentation and will be published shortly.

This document will be updated on a regular basis

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Ref	Key document	Key reference points, actions and priorities for workforce planning	Relevance to workforce plan	Strategy	Lit review	Both
Policy/Strategy NHS Wales						
1.	**A Healthier Wales** A healthier Wales: long term plan for health and social care | GOV.WALES	This plan sets out a long-term future vision of a whole system approach to health and social care, building on the philosophy of prudent healthcare. In order to achieve this new models of seamless local health and social care will be built on a local and national basis. These models will build on a foundation of local innovation including through Clusters of primary and community care providers. The core values that underpin the NHS and the '*A Healthier Wales'* are: ➢ Putting quality and safety above all else ➢ Integrating improvement ➢ Focusing on prevention, health improvement and inequality ➢ Working in true partnerships ➢ Investing in our staff Whilst these values provide a good foundation for distinctive character and culture a new more appropriate future vision is needed and this is the basis of what *'A Healthier Wales'* is trying to do. The future is uncertain and therefore it is not appropriate to be too rigid and fix our values. This strategy describes six new elements: 1) Longer, healthier and happy lives 2) A whole system approach to health and social care 3) An equitable system which achieves equal health outcomes for all	Key policy driver	√		

		4) Services which are seamless and delivered as close to home as possible 5) People will only go to a general hospital when it is essential 6) Using technology to support high quality, sustainable services **Longer, healthier and happy lives** – *a strong public health approach is key* People need to take responsibility for their own health and wellbeing when choosing lifestyle factors (smoking, maintaining healthy weight, excessive drinking) but also of their families, neighbours etc. Welsh Government (WG) will enable this through different forms of engagement, knowledge sharing. **A whole system approach to health and social care** Over the next decade, there will be a shift of services from hospitals to communities, and from communities to homes. People will be supported to remain active and independent, in their own homes, for as long as possible. A lot of this change will be as a result of maintaining good health, through more emphasis being placed on prevention. There will be a range of support through different settings such as primary and community care. **An equitable system which achieves equal health outcomes for all** In Wales there are large differences in healthy life expectancy, this whole system approach will include tackling wider influences (quality/security, money, resources, good work, appropriate housing) so that people have equal health outcomes no matter where they live. New models of care by working through partner and communities will be used. **Services which are seamless and delivered as close to home as possible**				

		This ensures every element of health and social care is delivered in one single package of support based upon the needs of the individual. New models of seamless health and social care will integrate services at a local and national level. Primary and community care will offer a wider range of professionally-led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities. New technologies and digital approaches will be an important part of our future whole system approach. **People will only go to a general hospital when it is essential** The types of services that will be delivered in hospitals will change, moving into community centres. There will be a strong emphasis on speeding up diagnosis, time spent in hospital, helping people recover their independence following treatment and ensuring they do not need re-admission. New treatments will be made possible via science and medicine developments.				

		Using technology to support high quality. Sustainable services With new technologies emerging this will allow us shift the balance of our health and care systems towards earlier detection and intervention, designed to help prevent illness and to prolong independence.				

2.	**The Strategic Programme for Primary Care** Strategic Programme – Primary Care One (nhs.wales)	In order to support the vision as set out in *'A Healthier Wales'* a Primary Care Model for Wales was developed with 3 key priorities agreed: • Establishment of specific, all Wales primary care work streams • Addressing seamless working in health boards and with partners • Reform of the primary care contract In order to support the first priority the Strategic Programme for Primary Care was developed and has 6 key workstreams: 1) Prevention and wellbeing 2) 24/7 model 3) Data and digital technology 4) Workforce and organisational development 5) Communication and engagement 6) Transformation and vision for clusters All six workstreams above have identified, scoped, and committed to deliver an initial set of deliverables. Looking at this in the context of the SWPPC, Workstream 4, Workforce and Organisational Development sets out to address four overarching themes, workforce shape, resources, efficiencies, and leadership. Activities to be undertaken which will aim to address these include: ➢ Workforce data and planning ➢ Addressing employment and retention ➢ Role development ➢ Education that increases exposure to primary care services ➢ Fit – for – purpose training ➢ Sharing best practice	**Key Welsh Government priority** The SWPPC aligns with and addresses the overarching themes specifically within workstream 4 (WOD). The SWPPC also supports elements within the other 5 key workstreams.	**√**		

		There are a wide range of stakeholders who contribute to this programme. The PCMW describes how care will be delivered locally, now and in the future, as part of a whole system approach to deliver a *Healthier Wales* and consists of 13 outcomes: • An informed public • Safe and effective call handling, signposting and triage • Cluster IT systems enable cluster communications and data sharing • Empowered communities • Quality out-of-hours care • Ease of access to community diagnostics supporting high-quality care • Support for well-being, prevention and self-care • Directly accessed services • Finance systems designed to drive whole-system transformative change • Local services • Integrated care for people with multiple care needs • Seamless working • Cluster estates and facilities support multi-professional working				
3.	**Welsh Government: National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges** National workforce implementation plan | GOV.WALES	This plan has been developed in response to the significant additional demands posed on our workforce across NHS Wales. This implementation plan builds on the strategic direction in '*A Healthier Wales'* and will expand and accelerate progression in certain areas. The plan highlights a number of actions that need to be addressed immediately in order to address some of the most urgent pressures and more longer-term ones. The actions in this WFP are framed around three areas, fill workforce gaps, engage support and develop and plan for the future. Key points pulled from this plan and related to the SWPPC are:	**Key policy driver and addresses the need for the strategic workforce plan**	**√**		

		• Enhanced use of multi-professional team working • Working at the top of licence • Using technology to deploy people more flexibly • Enable flexible employment across professional and organisational boundaries • Care needs to be more personalised and technology enabled • Greater focus on population health, prevention and reducing health equalities • Taking into account rapid and new technologies such as genomics that are providing more effective ways to deliver treatment • Think digital • Skills development • Holistic approach • Portfolio career • Care closer to home • Team around the patient • Shifting AHP's to work in directly accessible primary and community services				
4.	**Well-being of Future Generations (Wales) Act 2015** Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales	The Well-being of Future Generations (Wales) Act 2015 sets out an ambition for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language. The development of new models of care and support and supporting and developing a workforce with the right skills, knowledge, experiences and qualifications and who are deployed in response to identified areas of need will be essential in contributing to the achievement of these ambitions.	**Key Welsh Government legislation**	**√**		
5.	**Digital Health and Social Care Strategy for Wales**	This strategy outlines how we will use technology and greater access to information to help improve the health and well-being of the people of Wales. It describes a Wales where citizens have more control of their health and social care, can access their information and interact with services online as easily as they do with other public sectors or other aspects	Developing a primary care workforce that is digitally competent and confident	**√**		

	A Digital Health and Social Care Informed Heath and Care; A Digital Health and Social Care Strategy for Wales (gov.wales)	of their lives, promoting equity between those that provide and those that use our services in line with prudent healthcare and sustainable social services. It describes a Wales where health and social care professionals have access to the same digital tools in the workplace as they enjoy at home or would in other industries, so they are able to focus on delivering safe, high-quality, efficient care and plan for workforce and service change based on digitally-enabled approaches. **Our vision** Information for you, people will be able to look after their own well-being and connect with health and social care more efficiently and effectively, with online access to information and their own records; undertaking a variety of health transactions directly, using technology, and using digital tools and apps to support self care, health monitoring and maintain independent living. Supporting professionals. Health and social care professionals will use digital tools and have improved access to information to do their jobs more effectively with improvements in quality, safety and efficiency. A 'once for Wales' approach will create a solid platform for common standards and interoperability between systems and access to structured, electronic records in all care settings to join up and co-ordinate care for service users, patients and carers. Improvement and innovation. The health and social care system in Wales will make better use of available data and information to improve decision making, plan service change and drive improvement in quality and performance. Collaboration across the whole system, and with partners in industry and academia, will ensure digital advances and innovation is harnessed and by opening up the 'once for Wales' technical platform allow greater flexibility and agility in the development of new services and applications.				

		A planned future. digital health and social care will be a key enabler of transformed service in Wales. Joint planning, partnership working and stakeholder engagement at local, regional and national level will ensure that the opportunities and ambitions outlined in this strategy are prioritised, with planning guidance issued by Welsh Government in 2015.				
6.	**Prosperity for All: Economic Action Plan for Wales** Regional Investment in Wales After Brexit (gov.wales)	Prosperity for All identifies five priority areas for cross-government working which have the greatest potential contribution to long-term prosperity and well-being: • Early years • Housing • Social care • Mental health • Skills and employability The plan contributes to each of the priority areas. Extract from document – Promotion of health, including a special emphasis on mental health, skills, and learning in the workplace. • High quality employment, skills development, and fair work – we want to improve our skills base and ensure that work is fairly rewarded. • Research and development, automation, and digitalisation – we want to help our businesses to develop and introduce new products, automate and digitise to remain competitive in the fourth industrial age.		√		
7.	**A Healthier Wales: Our Workforce Strategy for Health and Social Care**	This document is a key strategic document that should underpin the SWPPC. The purpose of this strategy is to outline the current holistic workforce challenges experienced and provide a clear set of themes (identified below) and succinct actions which are informed	**Key Welsh Government priority**	√		

	A healthier Wales (socialcare.wales)	by subsequent implementation plans, that will begin to address such workforce challenges. The seven identified key themes detailed below will underpin every element of the SWPPC with some more than others as identified below: Workforce strategy key themes 1. Engaged, motivated and healthy workforce 2. Attraction and recruitment – Action 6 3. Seamless working models – Action 9, 11, 12, 13 and 14 4. Digitally ready workforce 5. Excellent education and training – Actions 20, 21, 22 and 24 6. Leadership and succession – Action 26 7. Workforce supply and shape Consultation with staff during engagement phase confirmed the following collective issues: • Differences in terms and conditions particularly for lower-paid staff • Staff deficits • Ageing workforce (In 2019 40% of the workforce were over 50) • Increasing workload • Increasing agency expenditure • The need for new seamless workforce models • Additional training required to equip healthcare professionals to undertake their role in new and difficult circumstances • Digital and technological solutions required to improve care	The SWPPC aligns with all seven key themes of the Health and Care Workforce Strategy for Wales published in 2020.			

8.	**6 goals for urgent and emergency care** Six goals for urgent and emergency care: policy handbook for 2021 to 2026 | GOV.WALES	The six goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway and reflect the priorities in **Programme for Government 2021–2026** to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. This strategy focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. The six goals are: **Goal 1: Populations needing urgent or emergency care** – (Co-ordination planning and support for populations at greater risk of needing urgent or emergency care). • ACD progression • Pan cluster planning groups • ***Development of an UEC equalities plan – April 2023*** **Goal 2: Signposting** – (signposting people with urgent care needs to the right place first time) • Development of urgent primary care centres (April 2023) • Improved access to urgent dental provision (April 2023) • Establish a pathway to support people with emotional and mental health needs 24/7 via 111 (May 2023) • Develop a 111 clinical support hub (April 2023) • **Implement a 24/7 urgent care service that integrates GP (in and out of hours), pharmacy, dental and optometry** as well as schedule arrival slots in minor injuries units, emergency departments or same day emergency care hospital services (April 2025) • Reliable and efficient access (within 8 hours) of contacting the NHS (May 2026)	**Key national programme that must align with this plan.** Predominately primary care focused and will have many golden threads to the SWPPC. Need to ensure they align and we consider new developments (Goal 2 in particular) when reviewing workforce To note: ***Development of an UEC equalities plan – April 2023***	√		

		Goal 3: Clinically safe alternatives to admissions to hospital • Same day emergency care implementation (April 25) • Expand the current provision of crisis cafes/sanctuaries in Wales for children, young people and adults (April 25) **Goal 4: Rapid response in a physical or mental health crisis** Individuals who are seriously ill or injured or in a mental health crisis will receive the quickest and best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome. **Goal 5: Optimal hospital care and discharge practice from the point of admission** Ensuring optimal hospital based care is provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice. **Goal 6: 'Home first' approach and reduce the risk of admission** People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.				
9.	**NHS Wales planning framework 2023-24**	The planning framework for 2023/24 was issued in December 2022. It sets out high level priorities for NHS Wales across the following 6 areas: • Delayed transfers of care • **Primary and community care** • Urgent and emergency care		**√**		

	nhs-wales-planning-framework-2020-to-2023.pdf (gov.wales)	• Planned care and recovery • Cancer • Mental health and child and adult mental health services. The focus for primary and community care is on improved access across general practice, dentistry, optometry and pharmacy. This includes independent prescribing and more self-referral to a wider range of community based allied health professionals, including rehabilitation, mental health and audiology to provide more options for patients. The guidance indicates the alignment needed between IMTPs, Pan Cluster planning and RPB Area Plans.				
10.	**Planned primary care workforce** https://primarycareone.nhs.wales/files/primary-care-roles-resources/planned-primary-care-workforce-2015-pdf/	This plan identifies four main areas where action is needed in terms of primary care in Wales: 1. Putting in place the correct foundations for a more robust approach to workforce planning – securing the long-term sustainability or the right sized workforce, with the right skills at the right time 2. Supporting continued professional development of primary care clusters and the sharing of best practice 3. Investing in the development of the wider primary care workforce 4. Stabilising key sections of the current workforce (GP and nursing professions) This document details key actions within each issue… work needs to be done to review progress against these actions. Think about how we would do this.	Key policy and work has started in HEIW to address the 4 key areas.	**√**		
11.	**AHP Framework for Wales Looking Forward Together**	The Allied Health Professional (AHP) framework was developed in response to *'A Healthier Wales'* and sets out the ambition across the 13 professions that are categorised as AHPs in Wales to enable citizens to live the lives they want to live. The AHP framework sets out	The AHP framework is being lead by HEIW.	**√**		

	Allied Health Professions (AHP) Framework | GOV.WALES	how AHPs will deliver a unique range of bio/psycho/social interventions that response to the facilitation of: • preventing unnecessary hospital admissions • reducing length of stay • facilitating safe and sustainable discharge • enabling people to reduce reliance on long term care • allowing people to remain as independent as possible. The framework recognises the need for the services from AHPs to be more widely available particularly outside of the normal working week, and the need for an increased focus on rehabilitation and recovery, intermediate care and community rehabilitation. The Framework includes 6 core principles for transformation: • Inspiring and enabling people to lead healthier lives • Building resilience in the population • Accessibility and responsiveness • Strong identity and presence • Visible and transformational leadership • Working at top of professional licence.				
12.	**National Clinical Framework: A Learning Health and Care System** National clinical framework: a learning health and care system | GOV.WALES	The Framework sits between '*A Heathier Wales'* as the overarching strategy and the clinical aspect of local plans that reflect the realities of their geography, population and workforce. The Framework describes how clinical services should be planned and developed in Wales based on an application of prudent and value based healthcare principles, which we refer to as 'prudent in practice'. In doing so, it recognises the need to continue to shift focus from hospital based care to person centred, community based care. Care that can support people to stay well, self-manage their condition and when necessary provides seamless	Developing service models and roles should include reference to the framework.	√		

		and appropriate specialist support. Central to this is the creation nationally and local adoption of higher value pathways that focus on the patient rather than the setting in which the service is delivered. National pathways may describe health and care journeys experienced by cohorts and groups of patients based on a particular defined condition or perhaps group of conditions. As recognition of multi-morbidity increases, there will be more need to develop these broadly based approaches. Such high level pathways encourage a system wide view starting with prevention before considering the details of diagnosis and treatment. The priority areas for pathway development flow from the population's burden of disease. They can be grouped under the following broad headings: cancer, cardiovascular disease and diabetes, musculoskeletal conditions, mental health, substance misuse, multi-morbidity and frailty, and infectious disease.				
13.	**Innovation Programme for Health and Social Care 2022**	**Objectives:** • a stronger and more resilient economy • effective and sustainable healthcare • better services for vulnerable people • higher educational standards, particularly in tertiary education and research • respond to the climate and nature emergency in everything we do **Workforce specific** Over the next few years, Welsh research priorities will include: • establishing a faculty to build a sustainable research workforce, and improving the share of UK Health and Care research funding spent in Wales. • implementing the cancer research strategy to consolidate areas of research strength in this area.	Key Welsh Government Policy Document. Strategic Driver	√		

14.	**Genomics delivery plan** Genomics Delivery Plan for Wales (gov.wales)	Through the strategy, WG aim to create a sustainable, internationally-competitive environment for genomics and precision medicine to support the delivery of prudent healthcare for the population of Wales. This will: • be based on all-Wales NHS genetics and genomics laboratory and clinical services, working to internationally-recognised standards, as part of an integrated clinical and academic infrastructure for translational genomic medicine • be flexible and able to adapt to rapid change and new technologies, building on excellent relationships, within and beyond Wales, to capitalise on the potential of collaborative working between the NHS, public health in Wales, academia, industry and the citizens of Wales • contain plans to develop the NHS workforce to support the delivery of precision medicine • create a framework to forge new strategic partnerships, to maximise and accelerate health and economic benefits, including inward investment • outline our ambition to be a major contributor to the UK genomics capacity, working collaboratively across borders to obtain the maximum benefit and value for money from developments in genomic technologies • capture the potential of genomic data for Research & Development through supporting Wales' involvement in world-leading clinical research and trials.	Genomics is a rapidly advancing area of medicine and will impact significantly on patient pathways over the next decade. It is likely that in future there will be more genetic testing requested by primary care and therefore more counselling required. Patient pathways and treatment options will change which means that primary care will need to have a level of understanding of genomic medicine that may be over and above existing knowledge base.	√		

15.	**Transforming the way we deliver outpatients in Wales** transforming-the-way-we-deliver-outpatients-in-wales–a-three-year-strategy-and-action-plan-2020-2023.pdf (gov.wales)	To enable people to receive the right care, right information, from the right person, at the right time, in the right place, so they can maximise their health and well-being status and stay independent as long as possible. We will support this by ensuring that people get fast access to advice information and support, developing self-management systems, virtual reviews and, where needed, get timely access to the appropriate health care professional as close to home as possible. • Improving referral and triage processes so patients are seen by the right person at the right time and unnecessary appointments are avoided • Using online/mobile technology to improve patient access and reduce demand for face-to-face consultations • Improving support for self-management • Shifting clinics out of hospital and into primary care/community settings Improving the way patients are stratified by risk to help prioritise patients with greatest need and ensure unnecessary follow-up appointments are avoided.	Developing roles and skills within the nursing workforce	√		
16.	**National framework for social prescribing 2022** https://www.gov.wales/sites/default/files/consultations/2022-07/national-framework%20-social-%20prescribing-easy-read-consultation.pdf	Social prescribing interventions have been developed and established in a bottom-up way across Wales, with individual contracted providers, clusters involved in health and care, third sector and statutory organisations developing different delivery models. The principles of social prescribing such as taking an early preventive approach to enhancing people's well-being, addressing health inequalities and strengthening community cohesion are consistent with the Social Services and Well-being Act (Wales) 2014, the Well-being of Future Generations Act (Wales) 2015, and our long-term plan for health and social care *'A Healthier Wales'*.	Developing roles and skills within the nursing workforce	√		

		e.g. Often the issues that people need support for are multi-faceted. It may not be as simple as an individual needing support with just one concern. An example of this could be someone who may have been bereaved and struggling with financial, practical, and emotional matters, requiring help with benefits advice and bereavement support; or someone with a recent diagnosis of cancer who may need additional social support alongside medical intervention.				
17.	**Chief Nursing officer for Wales Key Priorities 2022-2024 (Welsh Government 2019)** Chief Nursing Officer for Wales: priorities 2022 to 2024 | GOV.WALES	The strategic goal is to realise the full potential of the nursing and midwifery professions to meet, in partnership with others, the changing health and well-being needs of people living in Wales. **Leading the profession** To invest and develop nurses and midwife leaders at all levels in health and social care through dedicated leadership programmes in order to build a talent pipeline at all levels. **Workforce** To close the vacancy gap and attract, recruit and train a competent, motivated, skilled nursing and midwifery workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the populations, whilst working to their full potential. To grow and transform our workforce promoting multi-disciplinary, multi professional teams collaborating to improve outcomes through innovative ways of working, supported by technology. **Making the professions attractive** The ambition is to inspire people to select nursing and midwifery professions as the healthcare profession career of choice in Wales. **Improving health and social care outcomes**	Ensure the principles and strategic goals are reflected in the NWP.	√		

		To deliver equitable, good quality, person centred care consistently at population health level, enabling nurses and midwives to cultivate learning organisations; utilising risk stratification and data to deliver high quality, safe and effective services. **Professional equity and healthcare equality** Wales will be equal and fair where the nursing and midwifery workforce will reflect the populations that are served and where nurses and midwives shine a light on and address the inequalities that hinder the lives of our divers communities. The enablers for the CNO Vison for nursing and midwifery over the next 2 years areas follows, and not exhaustive: • Digital technology • Shared governance to drive better engagement • Professional influence and collaboration • External partnership working nationally and internationally • Strong alignment with policy and strategy from WG to NHS				
18	**Age Friendly Wales: our strategy for an ageing society** **(First published October 2021, updated April 2022)** **Welsh Government**	Creating an age friendly Wales that upholds older people's rights and promotes intergenerational solidarity is more pertinent today than ever before. *'Age friendly Wales: our strategy for an ageing society*', sets out the action Welsh Government will take to reap the benefits of growing number of older people in Wales as we rebuild our communities. This, in turn, will enable us to better support people living in challenging circumstances. To reflect the multi-dimensional nature of ageing and the intersectional nature of people's experiences, we have worked across government departments to address the range of factors that influence how we age – from our health and transport systems to the way we socialise, work and care for others. The strategy aims to unlock the potential of today's older people and tomorrow's ageing society.	Key document and strategic driver documenting the changes needed to deliver a range of health and social care services to an increasingly ageing population.	√		

	Age friendly Wales: our strategy for an ageing society | GOV.WALES	The pandemic has also uncovered some positives about life in Wales. For example, the capacity of communities to come together and support each other, the third sector's ability to flex and adapt its services to meet individual need and the commitment and resilience of professionals who care for the most vulnerable members of our society. It has also sharpened our focus on the issues that matter most to older people, such as access to health services, loneliness and isolation, abuse and digital inclusion. Although many of us are working longer than before, providing more unpaid care and spending more time contributing to our local communities, older people are often depicted as a drain on society. We need to change the way we think and feel about ageing. Older people are taxpayers, consumers, local councillors and business owners. By acknowledging and valuing the contributions of all older people in Wales, we can reject ageism and work across generations to create an age friendly Wales. It is important to remember that people should not be judged by their economic worth alone – everyone has the capacity to make a difference. Our ageing society should be celebrated. We cannot achieve our vision of an age friendly Wales alone – it is in everyone's interest to plan ahead. The Well-being of Future Generations (Wales) Act aims to create a Wales that we all want to live in, now and in the future. There is no place for ageist stereotypes that create tension between generations. I am keen to explore how we can bring people of all ages together – by taking action to support older people today, we can create a better future for everyone. The United Nations Principles for Older Persons have informed the development of this document and will guide its implementation. Age does not diminish an individual's right to	Links to the shape and supply of the future workforce for NHS Wales			

		fair treatment. By rejecting ageism and age discrimination, we aim to create a more equal society that enables people of all ages to fulfil their potential no matter what their background or circumstances. **One vision: age friendly Wales** **Three cross cutting themes:** **1. Creating an age friendly Wales** **2. Prioritising prevention** **3. A rights-based approach** **Four aims:** **1. Enhancing well-being** **2. Improving local services and environments** **3. Building and retaining people's own capability** **4. Tackling age related poverty**				
19	**LGBTQ+ Action Plan** **(Consultation period 28/07/2021 – 22/10/2021. Last updated 22/10/2021)** **Welsh Government**	This ambitious, cross-government Lesbian, Gay, Bisexual, Transgender, Q+ Action Plan for Wales seeks to tackle the existing structural inequalities experienced by LGBTQ+ communities, to challenge discrimination and to create a society where LGBTQ+ people are safe to live and love authentically, openly and freely as themselves. This is the first plan to focus on responding to the specific needs, diversity and vulnerabilities of our LGBTQ+ communities. For the first time, we have brought together our existing commitments and set out how we intend to advance LGBTQ+ equality and inclusion, to make a real	Links to the shape and supply of the future workforce for NHS Wales	√		

	LGBTQ+ Action Plan | GOV.WALES	difference to the life chances, prospects, rights and outcomes for LGBTQ+ people, into the future. The Covid-19 pandemic has laid bare and further exacerbated the structural inequalities faced by Wales' most marginalised and disadvantaged communities. **For LGBTQ+ people, in particular, the report has highlighted ongoing concerns in education, personal and community safety, health and social care, and the workplace. Their report also highlighted the need for improved strategic coordination on LGBTQ+ issues. Emerging international and domestic evidence also suggests LGBTQ+ people have faced additional barriers in being unable to access healthcare services or medication as a result of the Covid-19 pandemic and are at increased risk of violence, abuse, homelessness, lower employment, social isolation and loneliness. This means there is a broad and deepening human rights crisis for LGBTQ+ people across the world, including Wales. The actions within this plan aim to address these problems, providing tangible action to be taken to improve the lives of LGBTQ+ people in Wales.** Outreach which informed the actions within this Plan found that LGBTQ+ people in Wales continue to face significant inequalities when accessing health and social care services. The Expert Panel Survey found that, whilst improvements are being made 85% of responders indicated that there was no effect (69%) or positive effect (16%) when disclosing their LGBTQ+ identity to healthcare staff, and experiences of discrimination continue at an unacceptable rate. 22% of survey responders indicated that they had been subject to inappropriate questions or curiosity when disclosing their sexual orientation or gender identity, whilst 18% felt their specific healthcare needs were ignored or not taken into account and 12% stating they had avoided treatment or accessing services for fear of discrimination or intolerant reactions. Research also suggests that LGBTQ+ people face distinct inequalities when accessing social care. 9 Previous reports show that LGBTQ+				

		disabled people continue to face discrimination on the basis of their sexual orientation and/or gender identity from those providing personal care. While progress has been made on making workplaces more equal, this remains dependent on the type of industry and the level of commitment shown by the employer. More and more organisations are taking pride in their commitment to LGBTQ+ staff, customers and service users. Yet, discrimination in the workplace remains widespread, requiring action and Government commitment to drive change. The outreach process found that whilst 45% of people reporting that those in the workplace reacted only positively when aware they were LGBTQ+, 24% reported un-permissible exposure of their LGBTQ+ identity in the workplace and 10% recounted experiencing verbal harassment. Focus group attendees also stated that they experience workplace inequalities and discrimination, particularly those in more precarious employment. Workplaces in Wales have improved, yet we need to go further to eradicate discrimination and empower all those in employment to be themselves as well as championing the positive impact diversity can have in all types of organisation. Action 54 With support from Trade Unions, create a more homogenised approach to private workplace training resources for workplaces to become more LGBTQ+ inclusive. Action 55 Provide a resource detailing employment protection as well as employer responsibilities for upholding the rights of trans staff working in the private sector. Action 56 Promote the importance of the collection of diversity data to businesses in Wales.				
20	**Race Equality Action Plan: An anti-racist Wales** **Welsh Government**	Wales is not an equal country. The experiences of the many communities within it are very different. Ethnic minority people face discrimination and racism. During the preparation of this document, in our discussions with ethnic minority people there was a strong feeling that they did not want “another strategy” but wanted meaningful delivery of existing	Strategic plan to support the eradication of systematic and	**√**		

	(Consultation period 24/03/2021 – 15/07/2021, last updated 09/08/2022) **Race Equality Action Plan: An Anti-racist Wales | GOV.WALES**	promises and plans, and prioritising of anti-racist action. There was an acknowledgement that previous approaches had not succeeded in tackling systemic and institutional racism. **The vision, purpose and values, as agreed with stakeholders are: -** **Vision: "A Wales that is Anti-racist by 2030".** **Purpose: "To make meaningful and measurable changes to the lives of Black, Asian and Minority Ethnic people by tackling racism."** **Values: "Open and Transparent, Rights based, and Lived experiences as core to all policy making."** **Goals – policy areas:** • Leadership and representation • Housing and accommodation • **Income and employability (I&E)** • Social partnership and fair work (I&E) • Entrepreneurship (I&E) • **Health** • Social care • **Education, including higher education** • Crime and justice culture • Heritage and sport • Local government • Welsh language • Environment	institutional racism in Wales. Links to the shape and supply of the future workforce of NHS Wales.			

		Creating an anti-racist Wales in the workplace would be a key outcome in a social partnership agreement, and would impact on the availability of fair work for Black, Asian and Minority Ethnic workers, to access secure work, with the ability to progress in a healthy, inclusive environment in which they are collectively heard and represented, where there is fair reward and where rights are respected. **We understand that recruiting more Black Asian and ethnic minority staff is not enough in itself – we need to create an environment in which they are able to flourish and not have to carry the burden to be anti-racist on their shoulders alone.** We need all staff to understand what an anti-racist organisation looks like and how it works at its best. We will therefore work with ethnic minority people to help understand what anti-racism means, why it is important and how we all need to behave in ways that are anti-racist. Health officials to develop an associate board programme in consultation with Public Appointment Team where people from ethnic minority communities are invited to join a health board for a 6-month period. Programme to be used as a pilot and evaluated by Health officials and presented to the Governance body for REAP for scrutiny and to strengthen before rolling out to boards of other public bodies. To ensure that the NHS Wales workforce reflects the population it serves; and staff work in safe, inclusive environments (recognising specific challenges for women in the workplace) that enables them to reach their full potential recognising the intersectional factors causing cumulative disadvantage in an individual.				
21	**Net Zero Strategic Plan**	The Programme for Government outlines Welsh Government's commitment to embed our response to the climate and nature emergency in everything we do. This follows the Welsh Government declaring a Climate Emergency in 2019. This Plan sets out how we will play	Key document and strategic driver to support the ambition	√		

	(First published December 2022) **Welsh Government** Welsh Government Net Zero strategic plan | GOV.WALES	our part in responding to the climate emergency and align with Welsh Ministers' ambition for the public sector to be collectively net zero by 2030. It also demonstrates our delivery against the requirements of the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities and climate change. Wales has established a series of statutory 5-year carbon budgets that define the pathway to meet the target. Net Zero Wales, published in 2021, sets out 123 policies and proposals to meet the second carbon budget (2021-25), whilst also delivering against the 7 well-being goals in the Well-Being of Future Generations (Wales) Act 2015. Net Zero Wales sets an ambition for the Welsh "public sector to collectively reach net zero by 2030". The Welsh Government produced the Net Zero Carbon Status by 2030 Route Map1 (May 2021) as a strategic overview of the priority action areas and necessary milestones to support public sector organisations in the development of their strategic plans. *NB although NHS bodies are excluded from Welsh Government for carbon emissions reporting purposes, Welsh Government works with the wider public sector and other stakeholders to deliver effective policies to improve the lives of people in Wales across areas such as health, education, and the environment (and therefore, consideration should be given to the content, aims and ambitions of the Net Zero strategic plan)*.	of achieving net zero with influential factors on the future shape and supply of the NHS workforce			
22	**Stronger, fairer, greener Wales: a plan for employability and skills: summary**	Welsh Government is committed to creating a Wales where individuals of all ages can receive a high-quality education, with jobs for all, where businesses can thrive in a net zero economy that champions fairness and equality.	Key document and strategic driver to help people upskill, access fair work and	√		

	(First published March 2022) **Welsh Government**	The plan for employability and skills seeks to signal clear policy and investment priorities, sharpen our delivery focus and the activity of partners, on actions over this Government term that will leave a positive legacy for future generations. Key priorities: • Young people realising their potential • Tackling economic inequality • Championing fair work for all • Supporting people with a long-term health condition to work • Nurturing a learning for life culture	thrive, for a more equal Wales. Links to the shape of the future workforce of NHS Wales.			
23	**2021 Census** **ONS** **(Initial findings published in June 2022)** Census 2021	To date, the initial findings of the 2021 Census have indicated a slight growth in the population of Wales (up by 1.4% to 3,107,500). Some of the health boards, such as Betsi Cadwaladr, Hywel Dda and Powys, display bulges in the older populations; Cardiff and Vale and Swansea Bay show greater proportions in the 20-24 age bands, which may be due to student populations; and some, such as Aneurin Bevan, Cwm Taf Morgannwg and Powys show indentations in the younger populations, which indicate potential gaps in the upcoming workforce. **The ageing population indicates that there will be fewer people available to join the workforce across NHS and Social Care Wales. This also highlights the changing and most likely more significant demands on the sector.**	Highlights changes within the population which help to forecast and plan effective staffing models. Links to the shape and supply of the future workforce of NHS Wales.		**√**	
24.	**Travelling to better health: Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers**	This guidance aims to address issues and concerns provision of primary and secondary services to Romani Gypsies and Irish Travellers. Romani Gypsies and Irish Travellers are recognised ethnic groups protected by the Equality Act 2010. This guidance is needed for precisely these reasons: there is wide disparity between the experience of Gypsies and Travellers and the rest of the population of Wales in relation to health and this has been a consistent position over the long term.		**√**		

	travelling-to-better-health.pdf (gov.wales) ***Added: 14 June 2023***	Primary and Secondary research has been carried out, both UK-wide and in Wales. This reveals much about the poor health outcomes experienced by Gypsies and Travellers. In general, the research tells us that when compared to the general population, Gypsies and Travellers: ➢ live shorter lives ➢ suffer from chronic ill health such as cardio-vascular disease, cancers, diabetes asthma and other respiratory conditions. ➢ have poorer mental health, from mild to moderate to severe and enduring conditions ➢ have poorer dental health ➢ have higher rates of stillbirths, perinatal mortality and post-natal depression ➢ have higher rates of hereditary conditions as a result of consanguineous marriages ➢ have lower levels of childhood vaccinations/immunisations ➢ smoke and drink more, have poorer diets, have higher rates of accidents and have higher rates of domestic violence. Each of these will result in additional demand on primary care services but also require services to be able to effectively communicate with this patient group by: ➢ training reception and other practice staff to liaise with this patient group effectively ➢ assisting in the completion of any required forms, if the Gypsy or Traveller has poor literacy, staff should be sensitive to this and a level of flexibility needs to be shown if identification is unavailable				

		➢ sending appointment reminders and information via text message and telephone due to the lower literacy levels among some Gypsies and Travellers ➢ being flexible about the duration of appointments and the potential for longer or multiple appointments if more than one patient from the same family asks to be seen ➢ being flexible about other family members substituting and asking to be seen in relation to their own needs in the event that the original appointment-maker cannot attend.				
25	**Health and wellbeing of refuges and asylum seekers: guidance for health boards** Health and wellbeing of refugees and asylum seekers: guidance for health boards | GOV.WALES ***Added 14 June 2023***	This guidance aims to address issues and concerns raised in relation to the provision of primary and secondary services to refugees and asylum seekers (RAS). It provides direction and a template for health boards to develop consistent local protocols, policy and practice; underpinned by robust processes, procedures, administrative and governance arrangements. In 2018, Wales was home to 3148 asylum seekers dispersed among the four Welsh dispersal areas of Cardiff (1,458), Newport (571), Swansea (957) and Wrexham (162). Since the inception of the Syrian Vulnerable Persons Resettlement Scheme in late 2015, Wales had also become home to 854 Syrian refugees, dispersed among every local authority. This number is broadly similar to historic levels of asylum seekers in Wales, following a period of lower numbers between 2008 and 2014. It is widely recognised that vulnerable populations and homeless people experience significant ill-health, often have complex needs, and have worse health outcomes than the general population, each posing additional demand on the delivery of primary care services. In general RAS are very happy and grateful for the NHS service and the NHS staff providing those services. Though concerns were raised in relation to:		**√**		

		➢ access to appropriate mental health services ➢ access to dentistry ➢ barriers around integration and English language skills ➢ a need for more knowledge and understanding among healthcare workers on transition from asylum seeker to refugee status.				
Workforce specific publications – Wales, UK and beyond						
1	**HEE: The Future Doctor Programme: A co-created vision for the future clinical team** Future Doctor Co-Created Vision - FINAL.pdf (hee.nhs.uk)	This document looks at what the NHS/population need from a future doctor and has been developed based upon a sound methodology, key engagement, and feedback. Future challenges (differing patient expectations, patient doctor relationship, AI, Geonomics) are resulting in the need for under/post graduate training system that evolves overtime. The future doctor programme has concluded eight emerged themes that will help to prioritise the next stages of medical education: **Patient doctor partnership** – putting the patient front and centre, building key relationships and communication, empowering the patient to make their own choices. **The extensivist and generalist** – healthcare professionals must have a strong bedrock of generalist skills in order to treat the population effectively in the future (T diagram in document). Vital that primary care have access to generalist roles.	Identifies key future challenges/changes that will apply to the training of doctors including those working in primary care Details differing skills/competencies future doctors will need in order to respond to changing population health need		√	

		Leadership, followership and team working – working on healthcare professionals leadership skills (compassionate leadership in particular) is vital in order to improve quality of care, cost effective treatment, health promotion, and organisational performance. **The transformed multi-professional team** – breaking down silos, empowering new roles and allowing the population to have access to holistic care. **Population health and sustainable healthcare** – improving physical, mental and social health and wellbeing for the whole population we serve, no postcode lottery. **Adoption of technology** – healthcare professionals need to take an active role in understanding new and emerging technologies that can enhance training and education as well as population health. **Work life balance and flexibility throughout a career** - looking at flexible medical careers, allowing healthcare professionals to take career breaks and study other subjects that may support knowledge sharing. **Driving research and innovation** Skills and competencies needed for a future doctor: ➢ Independent thinker with the ability to step outside of protocols/guidelines safety and confidently ➢ Undertake a person-centred approach that supports shared decision making ➢ Promote evidence based medicine - trained to assess and critically evaluate/appraise the amount of knowledge needed to perform their role as things change				

		➢ Deep understanding of the populations needs ➢ Robust knowledge of the wider healthcare system ➢ Experts at evaluating and managing risks ➢ Compassionate leader ➢ Ability to transfer knowledge and increase understanding of patients/carers ➢ Ability to shift from reactive to preventative medicine ➢ Support learning for the next generation of doctors/healthcare professionals				
2	The state of medical education and practice in the UK 2021 (GMC) The state of medical education and practice in the UK 2021 (gmc-uk.org)	This paper examines 'The state of medical education and practice in the UK' looking at the extensive and ongoing toll of the coronavirus (COVID-19) pandemic, but also highlights learning to build on. Key points drawn from the paper: A worsening picture on workload, welfare, and burnout, challenging patient safety and retention. A high overall quality of training and supportive training environments have been sustained. But trainees and trainers both report high workloads, and our research shows some of the worst indications of burnout since 2018 A high overall quality of training and supportive training environments have been sustained. But trainees and trainers both report high workloads, and our research shows some of the worst indications of burnout since 2018 Our research found GPs are once again reporting much greater pressure than any other group. On average, GPs described the workload on three quarters of their days as 'high intensity', and around a third were at high risk of burnout.			√	

		Doctors feel that some changes have helped deal with increased patient demand and relieve workloads. However, in the face of current healthcare pressures – 30% of doctors said they often feel unable to cope with their workload, up from 19% in 2020.				
3	**The Big GP Consultation Final Report: A summary of our findings and implications for the future of General practice in the UK** The Big GP Consultation	***'Their voice and energy will be vital for success'*** This document outlines what the future of GP could look like from the perspectives of those who will be working in it and identifies key next steps required to get there. Three key themes emerged: **Clinical care** There are strong views that the care we offer now and in the future should focus on 'continuity of care' and 'holistic care'. In order to evolve we need to consider multi-professional/MDT working, consider key social detriments of health (cost of living etc), continue to build on technology enabled care, revise the future training model for GP's and ensure delivery of healthcare is environmentally sustainable. **Recruitment and retention** Concentrating on retaining the current workforce and attracting new workforce within GMS is vital: • Widley publicising the benefits of GP careers • Provide better support for international medical students • Improving transition from GP training/qualified to avoid immediate burnout • Support flexibility that a career in general practice offers **Leadership**	This work is led by trainees and amplifies the voice of the next generation of doctors who are embarking on careers in primary care providing insights into their career and professional development issues and ambitions		**√**	

		Strong GP leadership is needed to deliver high quality, cost-effective, patient centred care: • Provide specific, relevant ongoing training to allow GP's to lead beyond their practice • Ensure GP training provides knowledge/skills needed to provide clinical supervision of the wider MDT team • Ensure primary care voice is represented at all levels of leadership and management • Improve quality where resources are split **Developing the future GP workforce** *'We are preparing for the next generation of GP's for the job that existed 10+ years ago, rather than the job that exists today'* • Better publicise the push (flexible hours) and pull (career) factors for a GMC career • Medical school GP placements don't focus on the specialist knowledge and skills required to be a GP, a stark contrast to hospital rotations • Parity of self esteem with secondary care specialities • Supporting doctors who are full qualified in another speciality to train as a GP. This would bring a diverse range of additional skills to PC (switching professions is usually discouraged) • Recruitment issues into rural areas **Other key points** • Current GP contractor model needs transformational change to ensure sustainability • How will primary care work within a nationalised system, will this remove autonomy?				

		• Earl career GP's do not feel adequately trained for system-based healthcare leadership • Primary care community must continue to develop skills in population health management and preventative medicine				
4	**REAL Centre: NHS Workforce Predications 2022** NHS workforce projections 2022 - The Health Foundation	This report focusses on two key areas and is focussed on **England** only (nursing and general practice). The aim is to highlight the potential gaps in workforce supply taking into account future demands on services because of demographic and morbidity trends. It presents three scenarios using data to model the potential impact of these scenarios. The scenarios are 'current policy', 'optimistic' and 'pessimistic' and information on how these have been defined is set out in the report. The report argues that given the length of training pipelines the NHS should focus on longer term planning and move away from continued policy short termism.	Although the data presented is England focussed the methodology could be replicated in Wales.		**√**	
5	**King's Fund: Integrating additional roles in Primary Care** Integrating additional roles into primary care networks | The King's Fund (kingsfund.org.uk)	This report produced by the King's Fund reviews the impact of the Additional Roles Reimbursement Scheme (ARRS) which is an **England-only** initiative designed to broaden the range of roles working within primary care by providing funding to facilitate these additional roles at a Primary Care Network level and was introduced in 2019 (pre pandemic). The review concluded that the scheme has had mixed impact for a number of reasons including: • a lack of clear, shared purpose and buy-in for the additional ARRS amongst stakeholders and a lack of agreement about whether the roles were intended to deliver aspects of the core GMS contract or PCN level work • a lack of consideration in terms of how these roles integrate with other members of the team and limited support in some cases into integrating these roles successfully within teams	This report has valuable lessons for NHS Wales in terms of the development of multi-professional roles.		**√**	

		• the need for effective support mechanisms including supervision, managerial and HR support and crucially organisational development support to embed effective team working to address cultural issues • the review highlighted ambiguity among GPs about what multidisciplinary working would mean for them and their working practices, both clinically and in the way in which their practices are run. While the national direction of travel appears to be that multidisciplinary working in general practice is a key part of the future vision, there has not been enough consideration about how GP roles, or the organisation of general practice itself, might need to change as a result • estates issues were flagged as a barrier in some areas impacting on the effectiveness of the scheme.				
6	**The state of medical education – The Workforce Report 2022** Workforce report 2022 - GMC (gmc-uk.org)	This report is produced by the GMC on an annual basis and provides an analysis of the medical register to provide a data resource for policymakers and workforce planners. Some key information from the report is set out below: • The overall headcount of the UK medical workforce is growing with a large increase in International Medical Graduates (IMGs) whose Primary Medical Qualification (PMQ) is from outside the UK and the European Economic Area (EEA) • The number of IMG has increased by 40% over the last 5 years and the IMG workforce is growing more quickly in England and Wales than in other parts of the UK • Over half of medical staff who joined the workforce in 2021 were IMGs compared to 39% UK graduates • If the trend of IMG recruitment continues then the workforce will grow by a third by 2023, but if the trend goes back to pre-2017 levels, there will be 23,000 fewer doctors in the workforce highlighting the importance of IMGs to the NHS.	Provides useful intelligence on which we need to be basing our future plans		**√**	

		The report also yields other information which is relevant to workforce planning: • There are differences between specialties in terms of the growth of the workforce highlighting that there has only been a 7% growth in the GP workforce over the last 5 years which is lower than for some hospital based specialties • There has been a decrease in the number of GPs working full time • Half of all GPs reported working beyond their rostered hours and feel unable to cope with the workload in General practice. The report indicates that consideration should be given as to who the increasing diversity of the workforce should be supported, and also highlights that the increasing reliance on IMGs in the workforce needs to be considered as there are multiple factors that can impact on this workforce (visa requirements, economic circumstances etc). It also indicates that greater attention should be paid to considering how to make General practice attractive and that there are opportunities to diversity Performer's lists to encourage different grades of doctors – eg. SAS doctors but also other professionals such as Physician Associates.				
7	**Primary and Community Care Allied Health Professions (AHP) Workforce Guidance: Organising principles to optimise utilisation** SPPC_Word_template_A4_v2 (nhs.wales)	*AHP's expertise is essential to achieving the shift away from over-reliance on hospital-centred care and professional interventions.* It is vital to optimise the Allied Health Professions offer and accessibility to Allied Healthcare Professionals across primary and community care in order to address people's unmet/anticipated needs. There simply is not enough AHP resource with the right skills to meet the current demand, therefore looking at Workforce Plan is key. This documents supports individuals to understand how best to use the skills and expertise of AHP's to support the delivery of Primary care services. Listed within this document are	This document provides good case studies that details how AHP can support primary care… important to consider when looking at future workforce		**√**	

		many key themes following an engagement exercise, however of particular interest in relation to the SWPPC: • Poor understanding of the AHP skillset, therefore not being utilised effectively • Variation in practice models, inequitable access and utilisation of the AHP resource within primary care • Lack of alignment of roles/skills set based upon population need • Absence of active/strong AHP leadership at cluster level				
8	**RCGP Fit for the Future: Retaining GP Workforce (September 2022)** Fit for the Future: Retaining the GP workforce (rcgp.org.uk)	**Demand is overtaking supply of GP workforce** This report looks at the data around needing to expand the GP workforce. It suggests we must ***train and retain*** more GP's in order to start to address the demand on primary care services. Important/interesting points to highlight drawn from the report: • In contrast to clinicians in secondary care specialties, most GPs do not typically have protected time in their contracts for administrative work, professional development, or teaching • 2022 survey of RCPG members suggested 39% of the GP workforce is considering leaving the profession in the next five years • In Wales, there was a headcount of 2,403 fully qualified GPs in March 2022, compared to 2,656 in September 2015, **a 9.5% decrease** yet the **demand has increased significantly**. From December 2021, Wales have also published FTE data; there were 1,570 fully qualified GPs in March 2022.7 • There are fewer GP partners and an increase in salaried GP's – Partner model is not as attractive as it used to be and also carries with it an increase level of	Sets the scene around current General Medical Services demand and supply side issues. Provides robust data (2022) and details appropriate recommendations that will our support thinking.		√	

		personal risk give the current rising demand. (Data around LTFT/WTE Headcounts and Salaried V Partner data for England). • Estimated % of GPs's leaving the workforce in the next 3 years in Wales, due to retirement, childcare: ○ Year 1 – 7% ○ Year 2 – 10% ○ Year 3 – 33% **Retention of the GP workforce** • Top 5 common factors currently driving retention among the GP workforce are retirement (56%), burnout (43%), dissatisfaction with role/nhs (37%), worry about errors(24%), regulation (17%) – other areas listed as well as other staff groups. GP pensions are also a serious concern and are currently driving retention issues. • Retirement rates in Wales - 56%. Data from the NHS Pension Scheme shows that 55% of GPs claiming their pension for the first time in 2019/20 did so through voluntary early retirement. • Family and caring responsibilities are driving retention (no Wales data included). Women GPs in their 30s and 40s make up a considerable proportion of the workforce in general practice, yet women still face systemic barriers. • Data shows a small proportion of GP leave the profession due to discrimination particularly around BAME/LGBT. • Contextual factors such as deprivation are also driving the current retention issues around the GP workforce. There are currently GP retention schemes in place across NHS 4 nations although the uptake and feedback is limited.				

		The report concludes the following recommendations: • Improve GP workload • Expand multi-professional working/teams • Publish improved workforce data • Develop impactful communication for patients around health and wellbeing • Evaluate and improve career and induction support • Build capacity and network level to introduce increased flexibility and new opportunities • Develop local retention strategies • Additional funding streams to improve demand and supply issues				
9	**NMC Strategy 2020-2025** https://www.nmc.org.uk/about-us/our-role/our-strategy/	**Regulate**: We promote and uphold high standards, maintain the register of professionals eligible to practise, and step in to investigate on the rare occasions when care goes wrong. **Support:** To ensure we regulate as progressively as possible; we proactively support our professions. This allows us to strike the right balance between investigating rare cases of poor practice and promoting excellent practice. **Influence**: Regulating and supporting our professions puts us in a unique position to influence the development of health and social care. We work collaboratively with our partners to address common concerns and drive improvement across the sector The Strategy has 5 themes. • Improvement and innovation • Proactive support for our profession • More visible and informed • Engaging and empowering the public, profession and partners	The NMC strategy is based on three key roles that underpin our purpose which are to regulate, support, and influence.	√		

		• Insight and influence				
10	**The state of the Clinical Workforce: Advisory Board - Health Care workforce trends** EEC_HEIW.pdf	This presentation was developed by the Advisory Board for HEIW for an internal workshop held in early 2023 so is not a published document. The presentation highlights a number of global workforce trends that highlight that larger forces are shifting what employees and employers want (the employee-employer compact) and that these include: • Crisis and natural disasters • Forces within the labour market • Demographic changes (for example, more working age people are now also care-givers) • Care delivery • Technology • Social activism. The key message from the work from the advisory board is that **unaddressed burnout is at the core of workforce challenges** as clinicians are still reeling from the impact of the pandemic and most global health systems are operating with worsened supply shortages. The slides highlight 3 key areas that employers should focus on: • Flexible working is no longer a differentiator but a business imperative highlighting that an inflexible workforce threatens priorities at every level – capacity, quality and diversity inclusion and equity. The evidence suggest that we need to shift from flexibility for the few to flexibility for all and that autonomy is a key factor	Highlights the global factors that are impacting on supply and demand		**√**	

		• Supporting employee's wellbeing through holistic approaches pushing beyond the 'I'm fine' culture and addressing moral distress in the workplace. It also highlights that offerings don't matter unless leaders model their use • Embedding diversity, equity and inclusion into the development of workforce strategies with a systematic approach that includes talent management making EDI everyone's business.				
11	**Role and value of GP nurses in 2021** **(Paper copy)** https://www.sonnetimpact.co.uk/wp-content/uploads/2022/02/Leading-the-way_The-role-and-value-of-nurses-in-general-practice-in-England-2021_Publication-version.pdf	This document details how General practice Nurses are vital within the primary care setting as their roles are vast and complex. It also identifies how the importance of their roles is poorly articulated and understood by themselves and others. GPN's contribute to the practice, patients, wider community and the NHS as a whole and include, better health, reduction in 'flare ups' of existing conditions, wounds/post op sites and developing programmes of care that manages the needs of multiple conditions. GPN create value through 8 distinct factors • **Leadership** – management and development of new roles nationally, regionally and locally, making decisions and leading care across multiple avenues and specialist fields • **Networked approach** – sharing expertise both within and beyond their practice • **Systems approach/strategic provision** – understanding the progression, caused and outcomes of multiple diseases. Designing and delivering education and prevention programmes, taking a health population view to improve health • **Improved diversity of access** – provide a different approach to GP's that patients may prefer • **Supporting and enabling self-care** – recognise that most health conditions can be managed at home and they support patients to play their part in staying well/manging their own conditions	Key research paper that outlines the need to focus on GPN profession moving forward. Work is already taking place in HEIW in order to recognise the importance of the GPN role and improve training and education for such profession		**√**	

		• **Development of support communities** – supporting patients to gain extra support by signposting or facilitating support groups • **Skilled care delivery** – competence and robust training and a wealth of experience • **Specialist areas of care** – developed individual areas of excellence and responsibility Without a renewed clarity around what GPN's do there this professions risks under-investment, training and leadership opportunities are to be address. HEIW are currently working towards this within the multi-professional education and training team, launching the GPN leadership development programme. Recommendations of the paper: • Campaign to raise the profile of the GPN role to the public • Investment needed to support the development of new pathways/opps for newly registered nurses wanting a career in GPN • Improved education and training • GPN training courses should provide modules to equip GPNs with entrepreneurial skills Professional support infrastructure should be provided				
12	**Academy of Medical Royal Colleges - Fixing the NHS: Why we must stop normalising the unacceptable (September 2022)** Fixing the NHS: Why we must stop normalising the unacceptable - Academy of	This report produced by the Academy of Medical Royal College provides an overview of the key issues impacting the NHS in the UK arguing that many of challenges were evident before the pandemic but that the global pandemic exacerbated them. The report presents the case for an honest conversation with ourselves, the public, politicians and healthcare professionals on the extend of the problem and implications of the potential solutions. It argues that a reformed system requires a holistic approach and that this should include: • Expanding workforce numbers • Improving patient access to care across all settings	This report delivers some key messages that are pertinent to the future supply and shape of the GP practice workforce		√	

	Medical Royal Colleges (aomrc.org.uk)	• Reforming social care • Embracing new ways of working • Grasping the digital agenda • Valuing our staff • Modernising the NHS estate • Revitalising primary care • A greater focus on prevention and tackling health disparities • Making better use of resources and ensuring there is adequate investment. In terms of primary care, the report supports the focus outlined by the Royal College of General Practitioners and calls for: • Improved recruitment and retention • Removal or bureaucracy • Improved IT systems • Greater use of new roles. It supports the view from the Fuller Stocktake that there needs to be a comprehensive review of premises and significant investment to make practices fit for purpose particularly to accommodate an expanding staff team.				
13	**Urgent Primary Care Centre Programme: Developing the 24/7 Urgent Care Model – Phase 2 Report**	This report provides an overview of progress during the implementation stage of the Urgent Primary Care Centre (UPCC) Programme, which includes a comprehensive local evaluation from each Health Board.	This work demonstrates the need for a robust workforce plan to underpin urgent primary care	√		

	SPPC_Word_template_A4_v2 (nhs.wales)	Building on findings documented in Phase 1 UPCC Pathfinder Report to provide access to urgent primary care within 8 hours of initial contact, three service delivery models have emerged i) cluster, ii) 24/7 UPCC and iii) a hybrid of both. As the majority of UPCCs currently operate Mon-Fri , there is a need to review and increase accessibility as demand is highest at weekends. Infrastructure and staffing are a challenge. Estate availability and lack of consultation space is also an ongoing issue, restricting the capacity to see patients. UPC multi-professional workforce sustainability remains critical. Recruitment challenges resulted in an underspend, in particular GPs and physiotherapists. Majority of GPs are choosing to work on a locum basis and refusing a HB contract. The current GP reliant model could create competition for locums in the future. In addition, finite funding has resulted in difficulty to recruit to temporary contracts and HB's adopting a 'grown own approach'. Workforce challenge as led to increased strategic importance on development, support, and continual CPD by developing skills together as a team. The UPCC Workforce Review workshop will shape Phase 3 of the programme which will focus on alignment. To add full value, urgent primary care centres need to integrate and to offer greater consistency with the wider primary care system 24/7, maximising opportunities for workforce redesign.				
14	**RCGP** **Fit for the future: A vision for general practice** Fit for the Future: GP Pressures 2023 (rcgp.org.uk)	This report focusses on the challenges of delivering care in General practice noting the significant pressures as a result of increases in workload and complexity of work within primary care as a result of demographic factors and a shift in care from other sectors. The report describes a future vision for general practice in 2030, whereby shared decision-making is the norm and where GPs spend more time with patients with a significant focus on delivery of care as part of a multidisciplinary teams. The vision also envisages primary care providing more than just clinical treatment but where clusters of practices service as wellbeing hubs aiming to address patients' broader psychosocial needs. Collaborating with	Report provides an insight into a vision for the future which is broadly aligned with the Primary Care Model for Wales.		√	

		other practices and providers is a key theme whereby expertise and resources are pooled to deliver more equitable care and offer a wider range of services in a defined geography. Under this vision, GP's would deliver more preventative and anticipatory care managing patients with the most complex needs and supporting patients to stay out of hospital. By 2030, it is envisaged that more services, diagnostic tests and treatments will be provided closer to home with specialists attached to groups of practices operating at scale. RCGP consulted with patients and identified key areas that patients want – to be treated as equal partners and as individuals (not just a set of symptoms); joined up care with shared care records; flexibility in access with the consultation method that suits them best; knowledge about how best to look after themselves. The skills of the GP will be more highly values as expert medical generalist with better support for training and professional development with GPs able to take on extended roles and to develop additional areas of expertise. Underpinning systems will support shared records and workload management within a culture of continuous improvement. By 2030 genomics will be routinely used in general practice to inform decisions on optimum treatment pathways. GPs will have varied careers with options for extended portfolio careers. The core skills of a GP will be enhanced with additional training with a recommendation that the current GP training programme is extended to 4 years with a greater proportion of this time spent in general practice allowing trainees the opportunity to experience a range of different practice settings and models of care delivery. Central to the transformation is a cultural shift away from the biomedical model of health care towards a more holistic approach, moving away from a patient attending and being treated as a set of symptoms towards patients being equal partners in their care with the				

		practice team having the time and skills to plan care together. This necessitates a move away from individual disease based targets to a focus on quality improvement with a person-centred approach to care. The role of the team is critical in realising the RCGP vision with triage, first-contact care and basic diagnosis typically shared with other members of the team with the GP (not exclusively) focussing on providing enhanced relational continuity and holistic care to patients with more complex health problems. By 2030, extended teams in general practice will be the norm throughout the UK with expanded teams having the capacity and skills to deliver patient education and support for self-management and behavioural health improvements. GPs will have closer links with secondary care and networks or clusters will assume responsibility for a wider range of community healthcare services. The role of the broader support team will also evolve, for example, receptionists could become care navigators. New roles could be created, and general practice will become a career of choice. Team development is an essential component and there also needs to be recognised frameworks of competencies for different roles and opportunities for progression into leadership positions. Digital technology will help to deliver more proactive and preventative care including remote monitoring and benefiting from 'wearables' technology. Artificial intelligence will have a transformative impact on the way in which care is delivered through flagging at-risk patients, assessing the severity of patients' needs, enhanced diagnostics, improve triaging and routine administration. The organisation of general practice will change with increased collaboration depending on local populations and geography, co-created by GPs allowing smaller practices to retain their independence and responsibility for patients on their lists. A mixed economy model will prevail ranging from relatively small practices to social enterprises and super-				

		partnerships. GP networks will take a proactive approach to population health and managing demand also means supporting patients to take more responsibility for their health. Practices will not only deliver medical care but will evolve into well being hubs addressing both clinical and non-clinical needs. GP practices will provide more outreach services to vulnerable groups.				
15	**Kings Fund/Engage Britain – NHS Staffing shortages - Why do politicians struggle to give the NHS the staff it needs** NHS_staffing_shortages_final_web (2).pdf (kingsfund.org.uk)	This report examines the reasons why long term workforce planning in the NHS faces is difficult due to political barriers that have led to the failure over time to secure a sufficient supply of NHS staff. It doesn't address the non-political aspects. It centres on three main sets of challenges: • Difficulties in forecasting the number of staff needed – due in part of the length of time needed to train professionals and the likelihood that by the time those in training quality the world is difficult. This can be due to a number of reasons – technological developments, the changing preferences of the workforce and the impact of policy changes. • A tendency in the UK to undertrain the numbers required – partly due to difficulties in forecasting but also the cost of training and the risk of over-supply (supply induced demand), and the risk of education and training budgets being diverted to meet short term priorities. The paper also highlights that professional bodies sometimes resist increases in training due to the risk of there not being sufficient roles but also practical concerns such as the availability of training capacity and pressures on the existing workforce. • Insufficient strategic use of recruitment from outside of the UK driven my migration policies but also practical issues including global shortages of key professionals. There are also significant political barriers.	Report shines a helpful lens on the factors that make long term workforce planning in the NHS challenging including significant political barriers.		**√**	

16	**Paramedics in General practice (November 2022)** B1847-Paramedics-in-general-practice-1.pdf (england.nhs.uk)	NHS England are introducing training (HEE) for two new paramedic roles: • First Contact Practitioners (FCPs) • Advanced Practitioners (APs) – ability to prescribe - They provide a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in general practice, and the capability framework clearly articulates capabilities so that employers can understand what the clinicians can offer the multi-disciplinary team (MDT) detailed info attached. AHPs who have followed and demonstrated these capabilities and work as either FCP or AP will be able to see and manage more clinically complex patients and, within their scope of practice, work independently in general practice (prescribe). APs will be able to supervise other relevant members of the MDT.	Key opportunity to review additional roles to support GMS services and to consider what Wales needs in future to support a multi-professional workforce		√	
17	**National Institute for Health and Care Research - Scale, scope and impact of skills mix in primary care in England (Journal May 2022)** NIHR Journal - Scale, scope and im	This study looked into the impact of skill mix in general practice taking a mixed method approach. The conclusions of the study are replicated in the paragraph below: *Our study confirms that, although the total general practice workforce is increasing slightly, the increasing number of FTE salaried GPs is not fully compensating for a decline in number of FTE partner GPs. Although there are regional differences in the detail, the overall national trajectory is towards an increasingly diverse workforce that is driven, in part, by a continuing shortfall in GPs but that is, in part, motivated by a desire to redistribute work by matching practitioner competencies to patient needs and by perceived cost-effectiveness. Practices have adapted appointment systems and adopted a more multidisciplinary approach, with practice managers more closely involved in skill management. Moreover, practices have recognised and responded to increased requirements for monitoring and supervising less experienced practitioners and have improved communication within the practice team. Some practices have improved communication with patients. The modelling used*	This study highlights some important messages in terms of workforce planning but its limitations should also be acknowledged.			√

		in this study has shown a mixed pattern of cross-sectional and longitudinal associations between workforce composition and across data sets reporting patient experience, GP job satisfaction and hours of work, and outcomes indicative of health-care quality and costs.				
18	**World Health Organisation: Health and care workforce in Europe: time to act.** Health and care workforce in Europe: time to act (who.int)	This detailed report by the World Health Organisation provides insight into significant workforce challenges across Europe. It highlights challenges that are common across areas including shortages of health and care workers; difficulty in attracting people to work in key areas; lack of strategic workforce planning; skills mismatches and so on. The report compares workforce shape across European countries.	Common themes arising from UK reviews into workforce challenges and potential actions		**√**	
19	**House of Commons: Health and Social Care Committee The future of General practice 2022/2023** The future of general practice (parliament.uk)	This report focusses on the future of General practice. Whilst it was commissioned by the House of Commons Health and Social Care Committee, many of the key messages are applicable in Wales. The report examines the factors that are leading to significant gaps in the GP workforce including demand factors (such as an ageing population, increasing morbidity) but also supply-side factors (such as increases in less than full time training and working and the number of newly qualified GPs who don't take up a partnership). This gap between demand and capacity leaves GPs working harder and facing more burnout as patients find it harder to see them. The report also highlights the decline in continuity of care in general practice as a significant issue and that the trade-off between access and continuity has shifted too far at the expense of continuity. The report emphasises the importance of team-based approaches to care, but with the need to ensure that new roles are properly embedded as part of the team. The report calls for an abolition of the Quality and Outcomes Framework and a move towards restoring relationship-based care, with a	Highlights a range of key issues that will be also applicable in Wales and provides helpful evidence of the key issues and potential solutions for General practice that are likely to be raised by stakeholders in Wales.		**√**	

		further suggestion that the Government should examine the possibility of limiting the list size of patients. The report indicates that the partnership model should be retained suggesting that evidence indicates that it remains and efficient and effective model for general practice if properly funded and supported. This model could sit alongside other models that meet local need. The report indicates that the Government should address some of the factors that are directly impacting on retention such as the pension tax arrangements that impact particularly on GPs reaching the end of their career. There is also a suggestion that the GP training scheme should be expanded to 4 years to allow GP trainees more opportunity to work in general practice improving their readiness for early careers, particularly in preparing them for some of the management and system working elements of a GP's role. The Committee propose increasing the number of GP training places by 1,000 per annum. (This contrasts with RCGP recommendation that a further 5,000 training places should be created). The report acknowledges that challenges are not uniform and that the issues facing general practice including workforce issues are often in areas where there are already higher levels of ill-health and deprivation and that the current formula that underpins the GMS contract (Carr-Hill) is insufficiently weighted for deprivation. Finally, the report concludes that general practice should be the jewel in the crown and that it needs to have its professional status restored with a move away from micromanagement to a situation where investment in the sector reduces pressure on hospitals and saves resources for the NHS.				
20	**Health and Social Care Committee (House of Commons) Workforce:**	***The National Health Service and the social care sector are facing the greatest workforce crisis in their history.*** This report discusses in depth current recruitment, retention and training and education across health and social care.	Highlights a range of key issues that will be also applicable in		**√**	

	recruitment, training and retention in health and social care 2022/2023 Workforce: recruitment, training and retention in health and social care (parliament.uk)	This inquiry outlines recruitment challenges at almost every healthcare profession, including in intensive care, **emergency medicine**, **ophthalmology**, anaesthetics, neurology, microbiology and infectious diseases, **speech and language therapy**, respiratory medicine, dietetics, rheumatology, surgery, **general practice**, haematology, dermatology, paediatrics, pathology, nursing, midwifery, sexual and reproductive healthcare, occupational health, psychiatry, radiology, oncology, **dentistry, pharmacy**, and obstetrics and gynaecology. The clearest and most urgent need is action on workforce planning. As part of the expansion of medical schools, the cap on the number of medical school places offered to international students should be lifted by allowing full registration at the end of the Primary Medical Qualification and asking international students to fund the cost of their foundation year placements. The General Medical Council should ensure that placements in primary and secondary care are available for all medical school places offered. In order to retain our workforce a radical review of working conditions is needed to reduce the intensity of work felt by many frontline professionals and boost retention. This should start with an overhaul of flexible working to encourage NHS workers to retain permanent NHS positions whilst being able to choose working arrangements better suited to their lifestyles. This report discusses other areas that can support in retaining our workforce such as, NHS pension arrangements, support for those who are suffering from menopause, Improvement of workplace facilities, childcare support and improving flexible working. **Dentistry** This report discusses the current crisis in dentistry in terms of workforce, a crisis that has not been seen for over 35 years of working in the profession (Shawn Charlwood, Chair of the General Dental Practice Committee at BDA). The number of dentists undertaking NHS	Wales and provides helpful evidence of the key issues and potential solutions for General practice and other professions that are likely to be raised by stakeholders in Wales.			

		work is decreasing and the current UDA contract system is not fit for purpose. Shawn Charlwood, Chair of the General Dental Practice Committee at the British Dental Association, told us that NHS dentistry is "facing a crisis the likes of which I have not seen in my 35 years in the profession".144 **Pharmacy** Newley qualified pharmacists will now become independent prescribers. However, this report details that pharmacists who have prescribing qualifications currently lack opportunities to utilise these skills in the community sector, which can lead them to leave community pharmacy in favour of a setting which allows them to use their enhanced skills. From a workforce retention perspective and to attract people to the profession, protected learning time is "one of the key factors in what pharmacists are saying to us would improve their wellbeing. Pharmacists want to do more, pharmacists are able to do more and extend their competence and their abilities to do more". A lack of career development opportunities, and "a lack of job satisfaction because they are unable to use the clinical skills that they have" is "one of the key reasons why pharmacists in primary care are considering leaving the profession over the next 12 months"				
21	**Next steps for integrating primary care (May 2022): Fuller stocktake report** Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)	There are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it. At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers: • **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community **when they need it**			**√**	

		• **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to**,** those with multiple long-term conditions • **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention. Looks at: • shared ownership for improving the health and wellbeing of the population • culture of collaboration • psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community • realignment of the wider health and care system to a population-based approach • personalisation of care • creating a resilient infrastructure and resilience around GP practices that enables same-day access to urgent care to be delivered *creates* space to deliver more continuity of care • the truth is, we *can* create a much better offer for all our patients, but it requires effective collaboration across primary care and with the wider health system in a way that we have not managed to date • personalised care for people who need it most • preventative healthcare • investing in local leadership to drive change • creating the digital infrastructure needed to underpin integrated primary care				

22	The General practice Nursing Workforce Development Plan (Health Education England 2017) The general practice nursing workforce development plan.pdf (hee.nhs.uk)	The highly skilled general practice nursing workforce of today provides an essential high standard of care to their local populations. They have earned their place as both valued and valuable members of primary care teams. Today's ageing population and the increasing prevalence of multiple comorbidities, combined with the drive to shift patient care from hospitals to the community, have prompted moves to expand the role of GPNs and HCAs in primary care. This workforce plan covers four main areas: **Entry** into general practice nursing (pre-registration) – how we improve the visibility and raise the profile of general practice nursing as a first career choice, and in particular increase the number of training placements in general practice for pre-registration nursing students. **Establishing** the role of the general practice nurse – the early years (post-registration) – how to ensure suitable training and practice support for all new entrants to GP nursing to produce effective GPNs with the appropriate attitudes and skills. Initiatives to further develop mentorship programmes and include registration on local mentor registers. This is critical to growing the capacity of nurse education in a general practice setting. **Expanding** the healthcare support workforce – how to increase the popularity of the healthcare assistant role, grow numbers at pace while ensuring high-quality, standardised, accessible training that leads to appropriate career pathways. **Enhancing** the GPN role – how to maximise the professional development of GPNs through accessible, fit-for-purpose training and clearly defined career progression making GPN careers attractive at all levels	Intelligence to be used to factor into NWP for skills of nurses and future models of care.		√	

23	**Reshaping the workforce to deliver care patients need – Nuffield Trust (May 2016)** Reshaping the workforce to deliver the care patients need (nuffieldtrust.org.uk)	The NHS needs to evolve from an illness-based, provider-led system towards one that is patient-led, **preventative in focus** and one that offers care closer to home. This report highlights the important and urgent need to reshape the NHS workforce and equip it to meet the growing demand from the population it serves. Careful attention should be paid to review role design, team based care and effective change management. Reshaping the NHS workforce will bring benefits to patients by **delivering patient centre care** and improved health outcomes. It can delivery benefits for staff through more rewarding roles and enhanced career pathways. Reshaping the service to include new models of care is a huge opportunity but a huge organisational challenge. This paper looks at some key areas: • Staff and teams working across organisational and sector boundaries • More focus on primary and community care • Multi-professional working • Need to think about how we create a sense of belonging for staff • Developing skills in staff who work outside the NHS • Increasing roles for volunteers • Increasing roles for peer support • Increasing role of self care • Work to develop coaching skills in staff to enable them to communicate and support the population to care • Impact of technology • A vision for the future	Although slightly older there are some key messages that are echoed in later reports that are relevant to the development of the SWPPC		√	

24	**Stressed and Overworked: What the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries means for the UK** Stressed and overworked - The Health Foundation	This report produced by the Health Foundation looks at the impact of the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries means for the UK. The report is based on survey work conducted between February and September 2022 and included over 1000 GPs in the UK. Key messages are: • GPs in the UK are under extreme strain and public satisfaction with GPs has plummeted • 71% of GPs say that their job is extremely or 'very stressful' which is the highest of all 10 countries included in the survey • Stress levels are increasing (an increase of 11% since 2019) and job satisfaction has fallen with job satisfaction in the UK being amongst the lowest across the 10 countries • UK GPs are among most likely to stop seeing patients regularly in the next 1-3 years • 50% of GPs think the quality of care provided has declined. There are some other interesting points: • UK has the highest proportion of remote appointment in the survey • Appointment length is an important factor driving satisfaction – the UK median is 10 minutes and with the exception of Germany the median elsewhere is 15-25 minutes The report argues that urgent and decisive action is needed to boost GP capacity and reduce workload.	This report provides valuable insight into a range of factors that are impacting on the health of our workforce in primary care.		√	

25	**RCGP Fit for the Future – GP pressures report 2023** Fit for the Future: GP Pressures 2023 (rcgp.org.uk)	This report provides a snapshot of the current pressures in general practice from a survey undertaken between December 22 and January 2023. It highlights a worrying picture around the sustainability of general practice across the UK including highlighting concerns about areas such as: • GP practices' ability to provide quality care for their patients with 9 out of 10 respondents concerned about this area • The number of practices that consider themselves to be at risk of closing due to GP partners leave, a shortage of salaried GPs and unmanageable workload and demand – 27% in the survey • Concerns about the adequacy of IT systems. The RCGP is calling for urgent government action focussed in the following 5 areas: • Commitment to a properly funded plan to enable general practice to respond to surges in patient demand • Investment in IT systems and the support needed to implement changes • Halt the decline in workforce through the roll-out of new and improved, properly funded retention schemes • Slash unnecessary box ticking requirements and unnecessary workload so that GPs can focus on patient care • Launch a major new public education campaign designed by patients to advise patients on when and how to self-manage illness, when to access general practice and when to access other services.	This report provides valuable insight into a range of factors that are impacting on the health of our workforce in primary care.		**√**	
26	**Consultation on new goals of Pharmacy: Achieving a Healthier Wales**	Updated goals for 2025, halfway to achieving 2030 results have been identified as goals for the workforce:	Alignment is essential between the aims of Pharmacy: Achieving a		**√**	

	Link	• All pharmacy employers to support access to non-clinical training, leadership and operational well-being • Adopt a formal career path, set out by the Royal Pharmaceutical Society • Create an aligned career path for pharmacy technicians • Time to train, and train others, is incorporated into work plans and protected • Provide post-registration opportunities to develop understanding of all sectors • Define trusted professional activities for consistent care between settings • Increase practice placements for professional students/trainees • Use pharmacy technical skills in all settings • Encourage a skills mix and develop a recruitment strategy • Introducing new consultant pharmacist positions • Increasing the numbers of consultant pharmacists in the workforce • Develop the evidence based on the impact of consultant pharmacists on care.	Healthier Wales and the Pharmacy Workforce Plan			
27	**Implementation of Initial Education and Training Standards for Pharmacists HEIW Strategic Outline Case f1.4** 2021	The Strategic Outline Case describes the significant changes taking place in pharmacist development as a result of the General Pharmaceutical Council's Initial Education and Training Standards. Much of this current workforce will lack all the skills and competence to deliver patient services for the vision of pharmacy: Delivering a Healthier Wales in the future. Many will not have been trained as independent prescribers (IP). This programme will need to increase the number of independent prescribers over the next five years. The changes mean pharmacists can play an increasing role in all care settings. An increased focus on professional judgment, risk management and diagnostic skills supports pharmacists to use medicines expertise in de-prescribing and lean healthcare, as well as helping to achieve a Healthier Wales. Professionally empowered pharmacists to use the skills and competence they possess will provide better job satisfaction and motivation. An ongoing partnership with higher education institutions benefits a seamless approach to the workforce.			**√**	

28	**New Prescription – Community Pharmacy Wales (CPCF) Contractual Framework 2022** Link	Wales is re-considering the roles of community pharmacies in Wales and changes are being made in phases to ensure the long-term sustainability of the sector:- • Expanding the clinical role of pharmacist • A workforce with the skills needed to provide excellent care • Commitment to quality, collaboration and integration within primary care • Appreciate the contribution community pharmacies make to the NHS • Two-year incentive scheme to recruit and train pharmacy technicians and develop the role of an accredited pharmacy technician	Review of the impact of initiatives for pharmacy technicians in the Community Pharmacy Conracial Framework on numbers and employment in the workforce		√	
29	**Pharmacists added to government's list of occupations facing national shortage** Link	Pharmacists have been added to the Home Office's list of occupations experiencing shortages in 2021, following a recommendation from the Migration Advisory Committee.			√	
30	**Joint Statement from the Royal Pharmaceutical Society and the Royal College of General Practitioners Scotland on General Practice Pharmacists 2015**	The joint statement recognises that patient care can be improved by greater co-operation between GPs and pharmacists. They noted some commonality in the care provided, stressing that any duplication of the patient's journey needs to be removed in order to create a dynamic and resilient workforce.	The level of recognition and culture change to be achieved in Wales		√	
31	**Review of the community pharmacy workforce: 2021 and beyond**	The Community Pharmacy Workforce Development Group (England) states the support needed by the community pharmacy workforce to fulfil patient needs:	The need for a collaborative approach to include		√	

	Link	• a programme of collaborative work to make community pharmacy an attractive career choice • to develop frameworks, infrastructure and services to enable pharmacy professionals to use their clinical skills in the community, Ensuring initial training and education is implemented to fulfil the needs of colleagues, employers, the NHS and patients	regulator, universities, policy makers and Statutory Education Bodies is recognised			
32	**The future of pharmacy in a sustainable NHS: key principles for transformation and growth** RPS 2022 Link	The document sets out the key recommendations under three main priorities: supporting and valuing the pharmacy workforce; supporting an integrated NHS; and innovation. Workforce principles: 1. Be able to work in a safe and protected environment, particularly during times of public health emergencies 2. Complete integration of community pharmacy into the NHS as a major provider 3. Protected time across all sectors for pharmacy to improve care 4. A positive work environment with access to well-being Support 5. Equality of opportunity 6. Invest in the infrastructure for independent prescribing and leadership 7. Improve and accelerate the digital infrastructur 8. Read and write access to e-patient records in all sectors 9. Referral pathways to provide critical information flow 10. Access to consultancy tools in all sectors	Looking at the implementation of the National Pharmaceutical Association's principles on practice in Wales		√	
33	**Community Pharmacy funding and capacity**	Local communities and NHS patients are increasingly relying on community pharmacies as the first port of call for healthcare advice and services. Pharmacies are currently struggling to meet demand:	Community pharmacy wants to be part of the solution to primary care in the future but a financial		√	

		1. Pharmacies are ready to take more of the pressure off GPs and support post-pandemic NHS recovery efforts, if they receive the right support and investment. 2. Pharmacies must be fairly funded and supported to free up capacity. 3. More investment in the short term will save the NHS money in the long term. 4. In line with the rest of the NHS, funding needs to future-proof community pharmacy from pressures beyond its control. 5. We are keen to develop a vision for the future with the EF Government and the NHS.	crunch needs to be addressed to safeguard services.			
34	**The Kings Fund: Learning from Covid-19: what does the future hold for public health?** Learning from Covid-19: what does the future hold for public health? | The King's Fund (kingsfund.org.uk)	This report was written whilst the pandemic was ongoing but reflects some broader messages from other disasters from within UK and globally including natural disasters caused by fire, floods and earthquakes and other significant events such as terror attacks that have taken place over the last 20 years. The report paints a picture of the key factors that will support successful recovery. The report identifies four key lessons to consider: • Recovery efforts should focus on putting mental health and wellbeing at the forefront - including the importance of working with communities to identified and assess the level of community need which may be different amongst different groups; Recognising that people may not realise the need for support initially • Ensuring communities are not left behind – understanding the needs of different parts of the community; geographical; communities of interest; communities of circumstance (shared experience) and communities of identify • Collaborating effectively – creating common purpose across staff working in different organisations to respond to recovery efforts • Prioritising workforce wellbeing – research indicated that staff working in health and care are at increased risk of PTSD, depression and anxiety and that “usual” methods of support are not enough – more is needed. In the longer term, cultural change is needed to ensure collaborative, compassionate and inclusive working environments.			**√**	

		As the NHS in Wales moves to a different phase of the pandemic, this report has some valuable reminders about the focus needed on building community resilience and how this needs to be considered in terms of taking forward the Primary Care Model for Wales.				
35	**BMA: Safe working in general practice** BMA-Safe-working-in-general-practice.pdf	General practice is in crisis, with a marked increase in workload at a time of underinvestment and a shortage of GPs. Demand will continue to grow due to an aging population and it is essential that GPs are able to protect themselves and their patients from excessive workload and the impact it has on patient safety and quality of care. • Quantifying safe working – this is complex and determining appropriate limits on workload will depend on the unique circumstances of each practice. However, it is clear that rethinking how clinical consultations are managed is a necessary step in controlling GP workload • Lengthening appointment times - the immediate introduction of 15 minute appointments would allow improved decision making and case management, and should reduce the administrative burden outside clinic times by facilitating more activity within the appointment. As patients increasingly present with more complex conditions, longer consultation times are necessary to ensure safe and high quality patient care. In order to do this there needs to be a reduction of clinical contacts per week. This paper looks at commission a quantified level of activity could be commissioned as part of a more integrated primary care environment. It also looks at the concept of locality hubs The sole initial purpose of locality hubs is the stabilisation and sustainability of general practice. Hubs are not walk-in centres: each hub would help manage demand across a number of practices and their respective patient lists, ensuring that patients in excess of safe working limits can still be seen by a GP or the wider primary care health			**√**	

		team. However, to gain traction and make a significant difference, the wider benefits of the model will also need to be articulated to commissioners, patients and clinicians. Limiting workload to within safe limits makes sense for patients and greatly increases the chance of retaining and recruiting GPs by reducing the likelihood of stress and burnout.				
36	**BMA: The country is getting sicker: The urgent need to address growing health inequalities and protect our health in the face of an economic crisis** bma-the-country-is-getting-sicker-report-december-2022.pdf ***Added: 14 June 2023***	This report argues that the NHS will continue to struggle unless the government takes measures to reduce the high rates of ill health experienced by the British public. The British Medical Association is calling for the UK government to act to protect the nation's health by protecting people's economic security, no one should be left unable to afford a healthy life. Also to protect public services with appropriate funding tackling ill health. Patients are presenting in very difficult circumstances that cannot be solved by medical care alone. The country is facing multiple threats to its health and this report argues that the government is failing to respond to: • the threat of the cost-of-living crisis • the threat of cuts to public services • the threat of erosion of policies that protect the public's health This report also expresses how medical professionals both primary and secondary care are experiencing high levels of burnout and stress. One of the key reasons is having to respond to unsustainable levels of demand for the health services in which they work. The treatment and care of people living with often preventable, long-term conditions already account for around 50% of GP appointments and 70% of hospital days. GPs and other healthcare professionals also report that they spend around 20% of their time dealing with issues that are non-medical but related to social or economic pressures.			**√**	

37	**NHS Wales Eye Health Care – Future Approach for Optometry Services (Welsh Government)** NHS Wales Eye Health Care - Future Approach for Optometry Services (gov.wales) ***Added: 14 June 2023***	Optometry has a key role in delivering the aims of '*A Healthier Wales'* through the provision of eye care. The role has developed considerably since the introduction of the Wales Eye Care Service, enabling optometry to be the first port of call-in primary care for patients with eye problems. In Wales, we are fortunate that there is good access to optometry services, where optometrists help to detect, treat and manage eye diseases early to stop unnecessary referrals and reduce waiting lists. Since autumn 2019, the Welsh Government, working with all stakeholders have scoped what the future of eye care services should look like from a patient's perspective across the whole of the primary and secondary eye care pathway in Wales. This paper sets out Welsh Government's expectations for delivery of eye care services over the next decade: • Building upon the eye health focus of Wales Eye Care Services (WECS), further embedding prevention, well-being and quality improvement tools across optometry services • This is a significant move towards an eye health related optometry service in Wales. Upskilling clinicians to work at the top of their license, means that optometry is in an ideal position to further transform eye care pathways and fulfil the principles of '*A Healthier Wales'* • An increasingly elderly cohort and increased prevalence of eye disease, requires a workforce to manage eye disease for the population, with all members of the eye care family working at the top of their license in Wales • An increasing workforce in primary care optometry with 875 practitioners delivering sight tests paid for by the NHS • Continue to embed the aims of '*A Healthier Wales*' and the 'Together for Health: Eye Care Delivery Plan 2013-20'; to provide eye health care close to a patient's home; to prevent unnecessary referrals to GPs and hospitals; to ensure timely		√		

		access for specialist treatment of blinding eye disease that only an ophthalmologist can manage • Prevention of eye disease to encourage the population to take preventative action to avoid permanent sight loss • The aim of all eye care pathways is to reduce the number of referrals into hospital eye departments by 1/3, and to increase capacity in hospital eye departments by freeing up 35,000 follow up appointments through monitoring, management and treatment in primary care • As part of transformational change, contract reform will fully realise the vision for NHS Wales eye health care services, moving to a clinically appropriate service model based on the principles of '*A Healthier Wales*' and the seven well-being goals of the Future Generations (Wales) Act • New continuous profession development programme, led by HEIW with reflective practice, mentoring and access to high quality education and skills improvement • Placement opportunities in a variety of settings fully integrating optometrists and ophthalmologists to develop skills and experience for those undertaking additional clinical responsibilities, for example, independent prescribing. • Developing leaders in optometry to promote and progress the profession with access to leadership programmes in conjunction with HEIW • Primary care cluster structures reviewed to enable full integration of optometry services with an emphasis on patient needs and outcomes at a local population level • Legislative changes to General Ophthalmic Services, Eye Health Examination Wales and Low Vision Service Wales will enable diagnosis, treatment and management of a wider range of eye conditions in primary care and underpin the necessary coverage of optometry services within each cluster to enable all aspects of contract reform				

		Recommendations are as follows: Advancement of optometry contract reform to fully realise the agreed future approach for NHS Wales eye health care, moving to a clinically appropriate service model based on the principles of '*A Healthier Wales*' and the seven well-being goals of the Future Generations (Wales) Act. Expansion of continuous professional development programmes, to include reflective practice, mentoring, leadership and placements to fully integrate ophthalmologists and optometrists, develop skills and experience to undertake additional clinical responsibilities. Review of primary care cluster structures to enable full integration of optometry services with an emphasis on patient needs and outcomes at a local population level. Legislative changes to General Ophthalmic Services, Eye Health Examination Wales and Low Vision service Wales clinical examinations will underpin recommendation.				
38	**BMJ Open: Consultation patterns and frequent attenders in UK primary care from 2000 to 2019: a retrospective cohort analysis of consultation events across 845 general practices** e054666.full.pdf (bmj.com) ***Added: 14 June 2023***	The authors concluded that the perceptions of a rapidly rising workload in UK general practice is well founded and compounded by the complexity of care that general practitioners (GPs) are having to provide including, for example, an increasing elderly population with multiple comorbidities. This study examines distribution trends in four types of consultations (all consultations by GPs; all consultations by all staff; face-to-face consultations by GPs; face-to-face consultations by all staff) among frequent attenders (the top 10% of all consulters) and the rest of consulters in the UK general practices over the period from 2000–2001 to 2018–2019.			**√**	

		This study found that all consultations by GPs and all consultations by all staff have considerably increased over this time period. Specifically, all consultations by GPs per person increased from a median of 5 to 8 and all consultations by all staff increased from 11 to 25. However, face-to-face consultations by GPs and face-to-face consultations by all staff have remained static (and may even have decreased). The findings in this study suggest a new model of work in general practice whereby an increasing number of consultations are conducted by other staff members (rather than GPs) using alternative means (rather than face-to-face consultations).				
39	**The Emergence of the IGen Dentist and the Implications for the Workforce**  Dent_Update_20... *Added: 14 June 2023*	This review outlines the attributes of the 'Generation Z' which could impact on the delivery of general dental services in the UK. The General Dental Council have highlighted various potential problems that new graduates will face on graduation: ➢ A fear of receiving complaints and communicating and working with the wider team ➢ Supervisors rated new graduates as less competent than graduates rated themselves ➢ New graduates might practice 'defensively' due to a lack of confidence ➢ A culture of 'safety' ➢ Avoiding undertaking certain treatments ➢ Taking extensive notes ➢ Struggle to apply their skills ➢ Unaccustomed to receiving criticism ➢ Fear of failure There are high entry requirements to study dentistry at a university within the UK. This is a challenge for all potential students and so, preparation starts in many households from an early age. This paper posits that dentistry is a stressful profession, a study conducted by			**√**	

		Baldwin et al (1999) showed that 30% of dentists were stressed. Collin et al in (2019) showed that this figure had risen to over 43% and it is important to remember that these figures relate to previous generations, members of which are generally accepted as being mentally robust. There could be a mental health crisis among young dentists, an exodus from the NHS and a subsequent fall in service provision for patients. The failure of up to 40 UK graduates to take up foundation Training places is a warning. There is a paradigm shift away from the attitudes of a Boomer graduate. The 'Generation Z' graduate will not tolerate disturbance of their work–life balance and will unhesitatingly 'move on' from providing services that they find stressful. This will include the avoidance of certain treatments, progression into complementary skills such as facial aesthetics, shorter working hours or even leaving the professional altogether. It seems that the 'Generation Z' have surveyed the landscape of Boomer provided education and service provision and are starting to vote with their feet. The sarcastic phrase used by 'Generation Z' in the reluctant acceptance of a Boomer world; 'OK Boomer' would already seem to be going out of date, being replaced with 'no way Boomer'.				
40.	**Training the future GP** Training the Future GP (hee.nhs.uk) ***Added: 4 August 2023***	This document produced by NHS England sets out proposals to enhance the delivery of GP speciality training. The new training programme will deliver the Royal College of GPs curriculum. It recognises the way in which doctors need to be trained is changing, reflecting the long term strategic direction set out within the NHS Long Term Plan for England. It also reflects the changing nature of doctor's careers with more individuals now seeking portfolio careers and working less than full time. The programme will be tailored to future roles and will ensure that doctors are better prepared for future service and			**√**	

		sustainable careers. The new programme will be delivered with enhancements in 10 specific areas: 1. Enhancing generalism so that doctors have the right generic professional capabilities 2. Ensuring equality in training with aim of reducing differential attainment 3. Social accountability, aiming to reduce health inequalities with a specific Health Equity Focussed Training Programme 4. Improving the quality of training and reducing variation through high quality placement; also focussing on wellbeing and empowerment to reduce doctor burnout 5. Training that focusses on better wellbeing and mental health care in general practice, with increasing opportunities for doctors in training to learn in other settings 6. Improving cancer diagnosis and earlier detection 7. Focussing on population health and population health management; introduction of a dual certification of GP and Public Health programme 8. Technology – teaching and learning a range of skills to manage technological change 9. Planetary health 10. Leadership, management and strategy. The new changes will start to be introduced in 2023/24.				
41	**The Welsh health and care workforce at 75: The people who care: Joint royal college review**	Years of underfunding, combined with widespread rota gaps, an ageing population, growing health inequalities and a fragmented and complex health and care system – all compounded by the effects of a global pandemic – are resulting in a perfect storm for the health and care workforce. As our population grows older, the people of Wales deserve a multiprofessional health and care workforce capable of meeting future population needs,			**√**	

	 The people who care - Joint royal colleges t	working flexibly across different settings and teams, empowered and enabled to provide person-centred care. This report highlights the need to: • strengthen workforce data collection and analysis, ensuring that data is reported regularly in an accessible and transparent format • develop workforce plans that consider current and future demand across specialties and sites, recognise changing working practices, including flexible and less-than-full-time (LTFT) working • prioritise the retention of staff; supporting flexible working and ring-fence protected time for nonclinical work, especially education and training • demonstrate compassionate leadership • enable and support remote working as appropriate. Ensure staff have access to appropriate rest breaks and enhanced rest facilities, along with healthy, good quality hot food 24/7 • strengthen the provision of occupational health, wellbeing and mental health support • invest in IT, facilities and estates to improve the working environment • widen access to bursaries and apprenticeships • consider hidden issues such as housing, childcare and transport. Work with the UK government to evaluate the impact of changes to pension tax rules • support those who want to 'retire and return' and standardise these processes across the health and care system • consider developing a register of retired emeritus consultants who can be brought in on a flexible contract to help reduce the planned care backlog • renew efforts to recruit more staff, expanding training places where possible, while recognising this is a long-term solution				

		• encourage teams to carry out local succession planning. Support and fund the expansion of new professional roles within the wider team while avoiding role substitution. Actively value and support NHS and social care staff from overseas. Work with the UK government to review immigration rules for international staff • ensure all staff have protected time for education, teaching, research and quality improvement across all professional groups and career stages.				
42	**NHS in 10+ years** **An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales** NHS in 10 years - DRAFT V0.7 2023050	This paper written by the Welsh Government sets to examine the projected impact of long-term conditions and our ageing population on NHS Wales. The paper argues the need to reduce time spent in hospital which will impact on primary care as it will require additional capacity in general practice, community care and adult social care; these areas therefore will require investment and integration. Building strong primary care with improvements to access and the range of services available at convenient times is also required. Underpinning all considerations is the need for continued investment in digital healthcare technology, including in the areas of digital medicine and Artificial Intelligence (AI) to support developments in cost saving treatments and procedures, and to support people to proactively manage their own health. The workforce will need to be upskilled to realise these benefits. An overall workforce supply gap already exists for registered nurses and general practice patient care staff. This is likely to increase until 2024/25 before declining gradually by 2030/31; demonstrating a persistent shortfall of FTE GPs and general practice nurses. The future of a proficient workforce will highly likely utilise technological advancements to improve the well-being of both patients and staff. Encouraging the implementation of standardised digital healthcare technologies, will likely enable patients to take an active role in their own care, prioritise preventive measures and mitigate the growing demands and			√	

		financial pressures faced by the NHS. The adoption of AI will highly likely drive innovation in healthcare, education, the economy and other key sectors, as long as the use of AI is regulated, ethical and transparent, in order to help build public trust and ensure safety.				
43	**The state of medical education and practice in the UK – Work place experiences 2023** somep-workplace-experiences-2023-full-report_pdf-101653283.pdf (gmc-uk.org)	This report shares concerning data about the experiences of doctors and the challenges to providing adequate care to patients. This report sets out insights on doctors' workplace experiences and the effects of these experiences. Doctors' working environments are increasingly challenging with a vicious cycle affecting doctors (unmanageable workloads, low workplace satisfaction, burnout, changing work patterns/careers leading to people leaving practice). As well as dealing with the treatment backlog and the persistence of COVID-19, the long-term problems and pressures have increased. More doctors are dissatisfied, at higher risk of burnout, considering leaving the profession, and have experienced compromised patient safety or care and risk of moral injury. This report argues that support is key in reducing burnout and increasing satisfaction and urgent action is needed by employers in order to do this. Moral injury is distress caused by people acting, or seeing others act, in a way that goes against their values and moral beliefs. We do not measure moral injury at present, but there is a risk that many doctors and other staff have suffered moral injury due to their work experiences. Possible causes could include not being able to provide patients with the level of care they would have wished, having to prioritise some patients over others due to a lack of time or resources, or being unable to support colleagues as much as they would like. GPs had poor workplace experiences, causing issues filling vacancies and reducing service capacity. In 2022, 38% of GPs said they were satisfied, fewer than other doctors and down from 51%1 in 2021. Over half of GPs (55%) were categorised as struggling with their workload, compared with 38% of all doctors. 45% of GPs reported experiencing			√	

		compromised patient safety or care, and 62% found it difficult to provide sufficient patient care each week. Doctors who were trainers had more negative experiences than those who were not. For example, 18% of trainers disagreed that they were supported by senior medical staff, compared with 10% of non-trainers. Half of trainers reported experiencing compromised patient safety or care (51%) and having difficulty providing sufficient patient care each week (49%), compared with two-fifths of non-trainers (39% and 43% respectively). It is crucial to act immediately to improve working conditions in workplaces across the UK health systems, so the workforce feels valued and supported. This report argues that changes can be made in the following areas: • Ensure doctors feel valued by their employers and have a strong sense of belonging • Enable effective and supportive team working to improve belonging • Evolving and developing what it means to be a leader • Building strong teams • Providing workplace rest and refreshment facilities • Developing induction and onboarding • Developing flexible rota design It is necessary to address difficult and interconnected challenges around work intensity, primary care, and training capacity. It is crucial to provide support and protected time to enable trainers to deliver training, trainees to build competencies and confidence, and all doctors to train and develop. This report highlights the specific need to strengthen support for primary care. The particular pressures in general practice need to be addressed to protect patient safety and staff wellbeing. Consideration should be given to how links				

		between primary and secondary care can be improved, how trainee doctors can be encouraged to choose primary care as a specialism, and how community and social care capacity can be increased to enhance care for patients before, during, and after their treatment. Greater use of other healthcare professionals, such as physician associates, anaesthesia associates, and advanced healthcare practitioners, should be considered to help improve productivity, increase capacity to provide care, and improve patient access to care.				
44	**NHS Confederation: Creating better health value** PDF Creating-better-healt h-value.pdf	Increasing spending in line with those high increase areas could have delivered average benefits of a higher Gross Value Added (GVA) for a typical sized integrated care system of; £1.7 billion from the **primary care** spend, £1.2 billion from the community care spend and £1.1 billion from the acute care spend. This is a significant economic impact, which some places in England have missed out on. We began to explore the powerful economic case for investment in primary care in from safety net to springboard, particularly through its workforce. This report defines the additional growth if those Clinical Clinician Groups (CCGs) which increased primary care spending the least over the five years, had increased spending in line with those that had increased by the most, in a similar way to above. The CCGs with the highest increase in **primary care** spending averaged an 84%increase in spend per head (needs weighted). This compares to those with the lowest change in investment seeing an increase in primary care spend by an average of 31%. In GVA terms, this difference would bring an additional average growth per head of £676 million, for an investment of only £48 million. This figure represents a return on investment for **primary care** spending of £14 in extra growth for the economy from every £1 spent, corresponding to an additional £1.7 billion			**√**	

		growth. In relation to the additional taxation revenues raised by growing the economy in this way, we also estimate that an investment of £1 billion in primary care in those areas that spent the least would have raised an additional £1.68 billion for the NHS's national budget, paying for itself. The government should explicitly acknowledge in cross departmental strategy, the vital role services such as community care and **primary care** play in delivering improved health and economic outcomes. Such an approach to health and care strategy in particular, including in national areas such as workforce and estates, would support system leaders to make challenging long-term investment decisions.				
45	**Workforce equality, diversity and inclusion strategy: 2021 to 2026** https://www.gov.wales/sites/default/files/pdf-versions/2021/6/5/1623412868/workforce-equality-diversity-and-inclusion-strategy-2021-to-2026.pdf	This strategy sets out how Welsh Government will focus on equality, diversity and inclusion. Welsh Government's overall objective as set out in their current Strategic Equality Plan – is that by 2024, Welsh Government will be an exemplar employer, increasing diversity by: • addressing in particular the under-representation of disabled people and people from minority ethnic communities at all levels of the organisation and the underrepresentation of women in senior roles • removing barriers • supporting apprenticeships from diverse communities • enabling staff from all backgrounds to reach their potential, creating equality of opportunity for all. **External recruitment**: • by 2026 20% of people appointed to be disabled and 20% will be from ethnic minority backgrounds			**√**	

		• by 2030, 30% of people appointed will be disabled, in order to make bigger inroads into the very large scale underrepresentation of disabled people in the organisation. The 30% target for 2030, and the actions needed to achieve it, will be reviewed in the light of lessons learnt whilst working to achieve the 2026 target. **Internal recruitment:** • to promote disabled staff at a level which exceeds their population share, to address current under-representation at all levels of the organisation • to promote ethnic minority staff at a level which exceeds their population share, to address current under-representation at all levels of the organisation The strategy outlines 3 strategic themes: Theme 1 – Increasing diversity by addressing in particular the underrepresentation of disabled people and people from ethnic minority communities at all levels of the organisation and the underrepresentation of women in senior roles Theme 2 – Identifying and removing barriers Theme 3 – Supporting staff from all backgrounds to reach their potential, creating equality of opportunity for all				
46.	**Primary Care Micro Teams: an international systematic review of patient and healthcare professional perspectives**	While populations increase, the number of general practices continues to decline. This has instigated a trend towards increased registered patient lists in each general practice. There is a potential threat that the continuity of care is traditionally experienced in primary care may be lost. The introduction of micro-teams has been proposed to mitigate			**√**	

	 e651.full.pdf	some of the challenges resulting from practice expansion, to maintain an improved level of continuity in patient care. 'Micro-team' is a term introduced in the UK to encourage the organisation of mini-multidisciplinary teams that may serve a particular patient group within the practice. In conjunction with a named GP, patients can develop long term relationships with several members of a multidisciplinary team. Alongside the established roles in general practice such as nursing and pharmacy, the team can include emerging roles. These nclude physician associates, occupational therapists, physiotherapists, dieticians, health coaches, and paramedics. This paper reviews the available literature to examine how micro-teams are described and the opportunities that primary care micro-teams can provide for practice staff and patients, and limitations to their introduction and implementation. The contribution of UK publications to this review is modest, with only two papers. Internationally, this review has highlighted the need for further information and studies about the impact of micro-teams on costs, granular patient experience, access, and continuity. The paper concludes that further research is needed to inform the applicability and transferability of these international results to the UK primary care setting.				
47.	**Advisory board: is there really a primary care shortage?** https://www.advisory.com/topics/physician/2022/11/primary-care-shortage	Interesting read actually and relates to our plan for sure, worth adding into strategy mapping. It is USA focused so uses differing terms but essentially its talking about GP's, but I think the below is generic and can be used for all contractors. Overview below: A shortage across primary care is inevitable given the lack of capacity primary care professionals have compared with the current increasing demand levels, however this report argues that there isn't actually a workforce shortage in primary care. Focusing on workforce growth as the only lever makes a shortage appear inevitable. What needs to be looked at is the misapplication of the workforce time. Administrative burdens and			**√**	

	Added: 1 November 2023	operational efficiency keep the current workforce from practicing to its full clinical capacity. **Workflow changes can increase primary care visit capacity by 40%.** Leading organisations have implemented four primary care workflow interventions in order to increase capacity and allow clinicians to spend more time on clinical care and less time on administrative work: • **Workflow optimization** • **Holistic care team redesign** • **Enabling technologies (document and assistive technologies)** • **Telemedicine** Implementing the above interventions makes current professionals practice more sustainable. For practicing GP's in particular, spending upwards of 75% of their time on patient care instead of desktop medicine will get them back to why most of them wanted to go into healthcare in the first place: to care for patients. For primary care leaders, a better work-life balance gives an organisation an advantage when recruiting new GP's and retaining existing ones.				
48.	**House of Commons: The prison estate in England and Wales (June 2023)** SN05646.pdf (parliament.uk) ***Added: 1 November 2023***	Primary care is becoming a greater priority for the NHS in Wales, which provides an important opportunity for transformation. The NHS is strengthening primary care planning through a specific model, a national strategic programme and dedicated national leadership roles. This report highlights that change needs to happen at greater pace and scale to address longstanding challenges and ensure strained primary care services are made fit for the future. The below areas have been identified as key issues: • There is increased pressure on the traditional model of primary care • The multiprofessional primary care model needs further work			**√**	

		• Progress is slow in terms of shifting resource towards primary care • Monitoring of primary care performance and activity is limited • Further work needs to be done to ensure primary care clusters have a clear remit • More work needs to be done to involve the public in changes to primary care services to increase their understanding of how the model will work but also support the public to take ownership of their health and wellbeing. This report provides detailed recommendations that aim to address the above				
49.	**Department of health and social care: Policy paper – Major conditions strategy: case for change and our strategic framework (August 2023)** Major conditions strategy: case for change and our strategic framework - GOV.UK (www.gov.uk) ***Added: 1 November 2023***	The model of care which sustained us for the past 75 years must evolve considerably to meet the needs of the public in 75 years' time. People are living longer but in poor health. This major conditions strategy begins with one question: how should our approach to health and care delivery evolve to improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity? This report identified the six chosen groups of conditions to focus on: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD). This report outlines a strategic framework in order to address the above. Starting with focusing on the principal lifestyle drivers of ill-health and disease (obesity and smoking). Another important element of the pathway is intervening early to reduce exacerbations (primary care related) and complications – secondary prevention. Reviewing early diagnosis, early intervention and quality treatment is vital. The final step is supporting people as they manage living with major conditions (increased demand on primary care and community services). Underpinning these areas alongside digital technologies and innovation, research, and leadership its hope the 'boat may go faster'. Whilst applicable to			**√**	

		England very prominent in terms of NHS Wales. The framework concentrates on these five key areas: • rebalancing the health and care system, over time, towards a personalised approach to prevention through the management of risk factors • embedding early diagnosis and treatment delivery in the community • managing multiple conditions effectively - including embedding generalist and specialist skills within teams, organisations and individual clinicians • seeking much closer alignment and integration between physical and mental health services • shaping services and support around the lives of people, giving them greater choice and control where they need and want it and real clarity about their choices and next steps in their care				
50.	**Nuffield Trust: Waste not, Want Not: Strategies to improve the supply of clinical staff to the NHS** Waste not, want not: Strategies to improve the supply of clinical staff to the NHS | Nuffield Trust ***Added: 1 November 2023***	The domestic training pipeline for clinical careers has been unfit for purpose. This is a major problem for students, graduates, the NHS and the government. This report primarily focuses on England, highlights leaks across the training pathway, from students dropping out of university, to graduates pursuing careers outside the profession they trained in and outside public services. This – alongside high numbers of doctors, nurses and other clinicians leaving the NHS early in their careers – is contributing to publicly funded health and social care services being understaffed and under strain. It is also failing to deliver value for money for the huge taxpayer investment in education and training. As ever, there is no simple solution. Financial worries are commonly cited as contributing to students dropping out of university but they are just one of a huge number of factors, including placement experience, feeling overwhelmed, stress and a lack of support. Improvements are needed and, while they will not be easy, they hold the promise of substantial and immediate returns – for example, increasing the proportion of graduates			**√**	

		joining the NHS represents a more immediate benefit than increasing the numbers starting training. This report sets out a 10-point plan for improving the situation, including consideration of a 'student loans forgiveness scheme'.				
51.	**Welsh Government: Science Evidence Advice (SEA): NHS in 10+ years: an examination of the projected impact of Long-Term Conditions and Risk Factors in Wales.** Science Evidence Advice (SEA) (gov.wales) ***Added: 1 November 2023***	Health outcomes are not simply determined by individual behaviours, genetics and medical care; many other factors such as housing, environment, education, income and employment have their own influences. This paper aims to aid discussion about what the NHS in ten years will look like, and what the main non-communicable disease pressures will be. It looks at some diseases that are major causes of morbidity and mortality but there are many other diseases that could be further considered in more detail. Wales has an older population than the rest of the UK nations. There is recognition that Wales faces challenges with regards to incidences of drinking, smoking, and obesity, and this impacts the health and wellbeing and demand for NHS services for the citizens of Wales. Wales has an ageing population with the proportion of those of State Pension age projected to increase faster than those of working age over the next ten years. Diagnoses of several long-term conditions (LTCs) are projected to increase; some of this is a function of an ageing population for LTCs where age is a key risk factor such as dementia and some cancers, particularly among oldest age groups (85 years+). There will also be an increase in multimorbidity (patients with two or more LTCs) which brings additional complexity, and polypharmacy (multiple prescriptions) plus increased pressure on secondary care. Those with four plus LTCs have an average of one outpatient appointment per month, around two thirds more than those with one LTC. Poverty and health inequalities need to be addressed if other interventions are to succeed.			**√**	

		Switching the NHS focus to prevention and supporting the Welsh population to make significant changes to their behaviours and lifestyle will require the creation of health promoting environments underpinned by policy and legislation. New technology and treatments will likely reduce time in hospital for care, but there will still be significant increases in future needs for full-time equivalent NHS staff to provide existing levels of care. Making these reductions in time spent in hospital are also likely to require additional capacity in general practice, community care and adult social care; these areas therefore require investment and integration to ensure social care is well joined up with health care, including community, primary care, mental health, ophthalmology, dentistry and secondary care. Building strong primary care with improvements to access and the range of services, including diagnostics, available at convenient times is also required. Making the NHS more efficient will require more investment in primary care and wider workforce (e.g. Allied Health Professionals), social care and public health. Continued investment in digital healthcare technology, including in the areas of digital medicine and artificial intelligence to support developments in cost saving treatments and procedures, and to support people to proactively manage their own health. The workforce will need to be upskilled to realise these benefits. This paper highlights the continued need for robust data relating to NHS activity in Wales; gaps in intelligence for priority areas should be identified and remedial action taken. Data gathered should be joined up across the NHS in Wales to support monitoring by relevant executive and government functions.				

52.	**Urgent Primary Care Centre Programme (UPCC): Final Report:** TRA179242 UPCC Final Report (short read) website.docx (live.com) ***Added: 1 November 2023***	This is a summary of the Urgent Primary Care Centre Programme Final Report Sept 2020-March 2023. This paper reviews impact and lessons learned during the All-Wales National Urgent Primary Care Centre Programme (UPCC). The Programme looks to design and deliver, via additional funding, a new model of urgent primary care for the population of Wales. The aim is to provide seamless urgent primary care, delivered at a local level, regardless of organisational boundaries, for people within eight hours of contacting their local service. Health Boards were asked to deliver UPPC models according to their own local population needs providing accessible quality care in the right place first time within eight hours. Three delivery models have emerged throughout the programme; **Health Board Model**: 24/7 urgent primary care centres managed by health boards, staffed by a mix of professional staff with the appropriate skills. **Cluster(s)/Locality Model**: Urgent primary care delivered on a cluster or pan cluster level by local general practice workforce with some models linked to third sector mental health support. **Hybrid Model**: Both HB and Practice/Cluster led and delivered in a community hospital. The UPCCs share a strong sense of purpose and generously share time and learnings with each other. Surveys show high patient satisfaction with the care they received, due to highly motivated staff with a strong team ethic. Full paper is available on request form: sppc@wales.nhs.uk			**√**	
53.	**The NHS in England at 75: priorities for the future**	The report aims to help the NHS, nationally and locally, plan how to respond to long term opportunities and challenges. It is not a detailed policy prescription, but it sets out what is most valuable about the NHS, what most needs to change, and what is needed for the NHS to continue fulfilling its fundamental mission in a new context.			**√**	

	The-NHS-in-England-at-75-priorities-for-the-future.pdf (longtermplan.nhs.uk) ***Added: 1 November 2023***	**Where have we come from?** The NHS was founded on the simple principle of providing universal care, based on people's need, not their ability to pay. Today, this resonates as strongly as it did in 1948. At the heart of this history are the people who provide care: the NHS workforce of 1.3 million staff from over 200 different nationalities, alongside around five million unpaid carers who support their friends and family. Behind these numbers, our engagement highlights the diversity, daily resilience and adaptability of those who work in the NHS, despite the pressures they are under. The response to the COVID-19 pandemic is just the latest example of that. There have been changes in treatments, changes in how we provide care, changes in relationships between clinicians and patients and the wants and needs of the NHS Workforce. **Where are we now?** The NHS has enduring strengths, such as universal general practice, its links to science and research, and its education and training system. There is also clear recognition in the NHS@75 engagement that, despite the best efforts of frontline staff, the NHS is not always providing timely access to advice, diagnostics and treatment to all those who need it. Waiting lists are at an all-time high. Public satisfaction is the lowest since the late 1990s. The NHS, and social care, face very significant challenges of rising demand, constrained capacity and the need to recover from COVID-19. Taken together, this is a unique set of challenges in NHS history. **1.3 million people are seen in general practice** **285,000 people are seen by a community health professional or therapist**				

		"The pace is too quick. We can't give the patients the time they need because we're so busy. We're seeing hundreds more patients every week. Some patients slip through the net." **Where is the NHS going?** There is now also an opportunity to look to the longer term. Today there is a growing consensus around the need for three big shifts. Shifts that respond to the continuing rise of chronic ill health and frailty, the need for people to have greater involvement in their own health and wellbeing, opportunities offered by new technology, data and modern forms of care. The three shift are: **Preventing ill health** • Over time, spending more NHS funding on evidence-based preventive programmes to prevent coronary heart disease and other risks • Reaching more people with the greatest risks through better outreach • Supporting, and advocating for, concerted action across government, society and industry to address wider determinants of ill-health **Personalisation and participation** • Giving all patients a greater say, ensuring they can jointly plan their care and share in decision-making. • Every person requiring complex care has a continuity of relationship with a lead clinician or team. • Better measuring patient experience, engagement, and outcomes in the NHS system of accountability for high quality care				

		Co-ordinated care closer to home • *Strengthening primary care and community services in every neighbourhood in the country.* • Better integration with local government services, especially social care • Breaking down the historic divisions between primary and community and acute care; and enabling specialists and GPs to work together more effectively • Accelerating the current growth of hospital at home services and virtual wards • Valuing the role of volunteer This will require sustained transformation and long-term investment across a range of different elements, within the NHS, and across public health and social care. Above all, it will rely on strengthening the conditions for locally led innovation and renewing the mutual relationship of support and engagement between the NHS and the public. The lesson of the last 75 years is that when the NHS brings all these components together to support far reaching change, the service renews the way it delivers its fundamental principles for the next generation. This is the task the NHS once again faces.				
54.	**NHS Confederation: Empowered, connected and respected** Empowered, connected and respected | NHS Confederation ***Added: 1 November 2023***	This paper sets out a vision for at-scale general practice in the context of the three core principles of the Fuller stocktake: personalised care for those who need it most delivered through integrated neighbourhood teams, a joined-up approach to prevention and streamlined access. Key points: A sustainable future for primary care must involve patients as partners in their own care, by providing them with the support, knowledge and technology to manage their health conditions and system pathways. To deliver the right care in the right place, primary care must have the flexibility and support to develop models of delivery which suit 5 – Empowered, connected and respected: a vision for general practice at scale and primary care networks the needs of			**√**	

		their population. Embracing new models and economies of scale shaped by primary care providers has the potential to build on the success of existing at-scale providers who have demonstrated that they can provide more efficient and effective care as part of an integrated system. Equity of access must be a priority for the future of primary care. Effective population health management improvement will require a firm commitment to primary care at scale, through PCNs, GP federations and primary care collaboratives which can leverage their scale and combined resources to deliver for a whole population. Should be read in companion with Supporting-general-practice-at-scale-fit-for-202425-and-beyond.pdf (sharepoint.com)				
55.	**World family doctors caring for people: WONCA Europe 2023 Brussels: Shortage of European Primary Health and Care Workforce Statement** News: WONCA Europe 2023 Brussels: Shortage of European Primary Health Care Workforce Statement | WONCA Europe ***Added: 1 November 2023***	Excessive workload, early burnout and the shortage of the primary care workforce are interconnected factors representing the most formidable challenge of the near future. The quality of healthcare and the well-being of our communities are linked to the health and wellbeing of the primary care workforce. WONCA Europe emphasises the urgent need for a well-staffed, adequately funded primary care system. There are several strategies proposed by WONCA Europe that will help tackle these issues and support: • an increase in workforce capacity – distribute workload • improving working conditions to enhance the attractiveness of primary care by addressing issues such as long working hours, heavy workload, increased bureaucracy and accelerated burn out. • utilising team-based care • embracing technology and telemedicine • supporting primary care research and innovation • promoting awareness and education of stakeholders and the public • making general practice more sustainable • streamlining administrative tasks			**√**	

		• improving work life balance				
56.	**Primary care network: NHS Confed:** Supporting-general-practice-at-scale-fit-for-202425-and-beyond.pdf (sharepoint.com) ***Added: 1 November 2023***	This report summarises the key findings from the engagement with Primary Care Network members on the state of general practice and primary care more broadly. This report identifies a set of tangible recommendations for the upcoming GP and primary care network (PCN) contracts for 2024/25 and a series of non-contractual recommendations that will enable general practice and at-scale primary care to best deliver care for patients in the short and medium term. The overarching focus of these recommendations is to: • increase trust and flexibility through the contracts so primary care can deliver care for local people based on local needs, with a key focus on prevention and addressing health inequalities. • support the basic infrastructure with dedicated funding and funding uplifts that mirror the rest of the system. • make primary care a more attractive place to work. • use contractual and non-contractual levers where possible, to make it easier for primary care to work with the rest of the system within a local community The sections in this report are guided by a primary care system that is empowered, connected and respected: *An empowered, sustainable primary care system* – with agency to influence and innovate through parity of investment in capacity, leadership and research. *Citizens as partners* – engaged in service design and equipped with the information and technology needed to self-manage their health and wellbeing.			**√**	

		Delivery of the right care, in the right place – a primary care landscape that acknowledges and embraces different models and scales to drive sustainability and enable transformation, innovation and improvement. *A commitment to access, continuity and personalised care with a focus on reducing health inequalities* – moving away from siloed and competitive activity-led work to impact-led interactions. *Care provided by a connected, skilled and respected workforce* – with teams of teams in an integrated neighbourhood at the forefront. • *Genuine commitment to primary care at scale as a key part of population health management and quality improvement* – better outcomes for people, communities and staff.				
57.	**Welsh Government (2023): Research into "Good Access" in Community Pharmacy, NHS Dentistry and Allied Health Professional Services.** Research into "Good Access" in Community Pharmacy, NHS Dentistry and Allied Health	This report looks at what 'good access' means to the general public in relation to community pharmacy, NHS dentistry and Allied Health Professional (AHP) Services. A range of Welsh Government policies are already in place, or under implementation, to improve access to primary care. Policy leads were specifically interested in understanding the citizen's view of what 'good access' means to identify any further opportunities for policy development. **AHP services** • Patients want access to AHP's via their GP but currently many access issues in relation to this identified • Referral routes need to be more flexible (e.g virtual and in-person) • Length of waiting times for AHP services consistently raised as an issue and barrier to access			**√**	

	Professional Services (gov.wales) *Added: 22/01/2024*	• Lack of communication is a persistent issue with participants suggesting that more could be done to keep patients fully informed • Welsh speakers, language barriers were a consistent issue with many AHP services not available, or difficult to access in Welsh **NHS dentistry** • Value in attending the same practice and seeing the same dentist at each routine check-up • Ability to get an appointment for a check-up for the whole family at the same time • Currently good access to emergency dentistry • Ability to book routine appointments with a few weeks' notice *Examples of poor access:* • Widespread lack of practices taking on new NHS patients in Wales • Cancellation of appointments (specifically children) • Inability to access a nearby dentist • limited availability of NHS dentists that are open to new patients, an issue that is exacerbated by growing numbers of dental practices no longer providing dental care on the NHS • Limited availability of Welsh speaking NHS dentists, especially by participants in North Wales • Limited opening hours of dentists (e.g. 4pm closure) which requires patients to take time off work • Taken off patient lists because of not arranging a check-up • Existing dental practices going fully private thus not being able to afford to pay privately and so losing their dentist				

		• Critical of appointments being too short, resulting in the dentist running out of time and having to deliver a temporary fix that can make the problem worse **Community pharmacy** • Relative ease of access to a local pharmacist, particularly when compared to their local GP • Far more flexibility with pharmacy services, given that citizens can walk in at a time that best suits them, rather than being tied to an appointment • Ability to see a pharmacist more quickly and easily than at the GP, and therefore the pharmacist served as a useful first port of call for access to non-urgent care and advice • Participants who noted a more positive experience tended to live closer to urban centres and had a greater number of local pharmacies to choose from • Some have access to drop box machines where medicines can be retrieved outside of regular hours - more convenient • Continuity of care from a provider constitutes good access. Where participants were able to receive continuity of care or build up a relationship with their local pharmacist, they felt that they were able to receive better quality treatment which was more tailored to their needs *Examples of poor access:* • Pharmacies being busy and understaffed, resulting in undefined wait times to speak to a qualified pharmacist, lack of medication stock and lack of specialised services to meet patient needs • Delays in accessing prescriptions due to misplaced paper prescriptions or a limited supply of medication • Mixed views about the ability of pharmacists to give advice on particular health issues • Commercial pharmacies may try to 'upsell' treatments, which the patient does not necessarily need or where there may be a cheaper alternative, in the interests of profit				

		• Awareness of the Common Ailment Scheme (CAS) was limited • The need for a place for confidential / private discussions with a patient • Some concern around wider community pharmacy staff being able to handle people presenting with sensitive issues Access issues were particularly pronounced for participants who lived in rural communities with fewer pharmacies located nearby, with more limited opening times and therefore less flexibility for participants with work or caring responsibilities.				
58.	International Horizon Scanning and Learning Report Embedding Prevention in Primary and Community Care International Horizon Scanning and Learning Report: Embedding Prevention in Primary and Community Care Report 47 - World Health Organization Collaborating Centre On Investment for Health and Well-being (phwwhocc.co.uk) *Added: 22/01/2024*	Primary and community care can strengthen the resilience of health systems to prepare for, respond to and recover from shocks and crises. This report focuses on international examples of primary and community care models that have embedded prevention and public health through integration, systems change, reorientation of funding and workforce, and upstream approaches. This report details key drivers for change that will come as no surprise and include: - rising patient need (multiple and complex conditions) - demand for care to - an ageing population - increasing inequalities and deprivation - unscheduled healthcare use - workforce challenges and imbalance in geographical distribution of providers - people's desire and need for support for self-care, prevention and personalisation. Below are some examples of international approaches to primary and community care (for more detail refer to the full report): - Scotland is investing in infrastructure to improve and grow primary care and support multi-professional teams - Republic of Ireland is investing in cross-sector working with community and voluntary organisations to bring care into the community and closer to people's homes			**√**	

		- The health system in Canterbury, New Zealand has undertaken a significant programme of transformation, developing new delivery models, which involved better integration of care and increased investment in community-based services - Cuba's primary care system is centred around community-based clinics, which bring the directors of pharmacies, elderly homes, maternity homes and others into their team The Japanese government implemented a community-based integrated care system in 2012, building regional frameworks for comprehensive provision of seamless, supportive care and health services for elderly people with chronic diseases and disabilities. Australia's 31 Primary Health Networks aim to increase the efficiency and effectiveness of health services, and improve coordination and integration of care.				
59.	Older people and people living with frailty: integrated quality statement Older people and people living with frailty: integrated quality statement [HTML] | GOV.WALES *Added: 22/01/2024*	Focussed on older people and people living with frailty, this Integrated Quality Statement (IQS) sets the direction for whole system service transformation enabling a more integrated role for the third sector and greater citizen involvement. Development of the IQS focuses on quality-of-life outcomes and is based on the principles of population health management. The IQS sets out those high-level quality attributes that are considered essential to enable an 'outstanding place-based system of integrated health and social care' for older people living with frailty and will compliment work that is progressing within national programmes of work. A national leadership team will be established that will and be responsible for the development, design and implementation of this framework. The leadership team will work alongside a network of 'experts' from the NHS, local authorities (not limited to social care) and the third sector. It will develop national resources that lead to more consistent, and higher quality, delivery of care for older people and those living with frailty. **Population and condition context** Older people, many of whom will be living with frailty, use the NHS and social care services more than any other population group. The proportion of people aged 75 or older in Wales			**√**	

		is projected to increase from 9.9% of the population in 2021 to 13.8% in 2041, increasing from around 307,000 people to around 455,000 people. The aim is for Wales to be a place where older people and those living with frailty can live a long, healthy, and happy life. They can remain active, independent, and connected in their own homes and communities, continuing to enjoy the things that matter to them. At the end of their life, they die according to their wishes in a place they choose. These are the quality-of-life outcomes forming the foundation stone of this Integrated Quality Statement (IQS).				
60.	A fresh start inquiry into dentistry in Wales. Health, Social Care and Sport Committee: A Fresh Start Inquiry into dentistry in Wales *Added: 14/03/2024*	An inquiry looking at the dental and orthodontic contracts, along with wider workforce issues within the dental profession including training places and recruitment, and specifically to: • scrutinise the Welsh Government's dental contract reform • consider how "clawback money" from health boards is being used • consider issues with the training, recruitment and retention of dentists in Wales • consider the provision of orthodontic services consider the effectiveness of local and national oral health improvement programmes for children and young people.			**√**	

61.	Health and social care committee- dentistry Health and Social care Committee – Dentistry *Added: 14/03/2024*	In March 2022 the Health and Social Care Committee agreed to follow-up on the "Fresh Start inquiry into dentistry", with a particular focus on whether the Welsh Government is doing enough to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living. Gathering evidence in writing and holding oral evidence sessions with stakeholders and conducted interviews with people across Wales about their experiences of dentistry issues. The inquiry focussed on: • The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services. • Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments. • Incentives to recruit and retain NHS dentists, particularly in rural areas and areas with high levels of need. • Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10 year olds; improved understanding of the oral health needs of people aged 12-21; the capacity of dental domiciliary services for older people and those living in care homes (the 'Gwên am Byth' programme); and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service. • Workforce well-being and morale. • The scope for further expansion of the Community Dental Service.			√	

		• Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices. • The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales				
62.	Primary and community care needs to be at the core of health and care: The Kings Fund Primary And Community Care Needs To Be At The Core Of Health And Care | The King's Fund (kingsfund.org.uk) *Added: 14/03/2024*	**Overview** This report highlights the need to shift the focus towards primary and community care across the domains of leadership, culture and implementation. Political/other national leaders need to completely shift their focus away from hospitals and more towards PC with all policies and strategies aligning to this focus. **Findings of the report:** 1. Financial and workforce growth is not aligned to a vision of care focused on communities, with larger growth in the acute hospital sector than in the primary and community sector. Report identifies the below reasons for this: 2. Lack of agreement about the purpose underpinning the vision for the health and care system 3. Primary and community health and care services can look 'invisible'- they are hard to quantify and easy to overlook. (I like this point) 4. Hierarchies of care mean that urgent problems take priority over longer-term issues 5. More of a focus on people and outcomes as a whole needed - less on processes and outputs for a single condition			**√**	

		6. More of a focus on attraction – e.g raising the status of working in primary and community health and care services, less on working in acute hospital services 7. More engagement with people and communities, less service-driven approaches 8. Specific actions in this report include changes to training and education, financial incentive schemes and a clear focus on leadership and culture (elements of our plan). The report proposes several steps to begin the shift: **Vision**: A clear vision for bolstering primary and community services, with all policies aligned to achieving that vision, and the political will to stick to the vision over the long term. **Funding**: Future growth in health and care funding needs to be targeted at primary and community services. **Workforce**: Incentivise more staff to work in primary and community services through pay, status, career progression, and by considering mandatory primary and community training placements for clinicians and leaders. **Estate**: Prioritise investment in primary and community care buildings and equipment and cut red tape so organisations can better pool the space they have.				

		Flexibility and accountability: Give local health and care leaders more flexibility to meet local needs and hold them to account for improving overall patient care, rather than waiting lists. **Social care**: Without reform of the ailing social care system, the ambition of 'care closer to home' cannot be fully realised. **Conclusion** Although the report highlights some specific changes, a whole system shift is required in order to make a difference. The changes required are multiple, interconnected, layered and difficult; they will take time and require a willingness to implement from senior leaders.				
63.	Assessing the impact and success of the Additional Roles Reimbursement Scheme (2024) Assessing-impact-success-ARRS-FNL.pdf (nhsconfed.org) *Added: 14/03/2024*	The Additional Roles Reimbursement Scheme (ARRS) was launched in 2019 as part of the government's manifesto promise to improve access to general practice. The government committed to funding an extra 50 million general practice appointments by 2024 and to increase the staff available across primary care to increase capacity to deliver the additional appointments. The benefits of the ARRS are evidence that the new roles have a place in the future of primary care. But continued success will require more than simply renewing the scheme. This report reflects on the success of the ARRS against the original aims and its progress towards overcoming existing challenges in primary care. It provides a set of recommendations for how the scheme can develop beyond 2025 which include: • A whole system approach to workforce planning			**√**	

		• **Finance** - Further work is required to align primary care contracts and funding to the rest of the NHS to ensure that primary care remains equipped to support a greater shift to out of hospital care. • **Supervision** - Future funding models need to include provision for the supervision, training and ongoing personal development required to retain and improve the workforce. • **Estates -** Greater investment in primary care capital for estate and digital as part of the upcoming national estates plan and ongoing commitments to improved capital funding. • **Data and digital innovation** • **Patient Education -** Raising patient awareness of, and confidence in, multidisciplinary primary care teams. The national education campaign on the roles available in primary care must be continued and integrated care systems supported to increase tailored campaigns at local level.				
Digital transformation						
1	**TEC Cymru Telecare Programme Strategy** TEC Cymru Telecare Programme Strategy (digitalhealth.wales)	TEC Cymru is the national Technology Enabled Care (TEC) programme for Wales. The Telecare Programme has been set-up to provide strategic oversight, cohesion and dedicated support and guidance to telecare service providers in Wales. This Strategy sets the course of the Telecare Programme and describes how it will deliver the blueprint through four initiatives and a series of projects. The TEC Cymru Programme at portfolio level comprises four programmes; Telecare, Telehealth, NHS Video Consulting and a dedicated Research and Evaluation programme. All four Programmes contribute to the seven core TEC Cymru Strategic Benefits:		√		

		• Rapid improvement, innovation and continuous learning • Increased workforce knowledge and capabilities • Better coordinated care and outcomes • Reduction in time, cost and carbon impact • Improved equity and access to care • Improved use of resource • Improved citizen and workforce experience A key feature of this strategy is to support Welsh telecare services to migrate to digital ahead of the December 2025 deadline, set by the UK telecommunications industry. Welsh health and social care services take place in a variety of settings, including people's homes and citizens expect their services to join up and communicate with each other. Data has a vital role to play in joining up these services to inform care and health professionals alike in delivering a seamless service. This strategy is committed to supporting the development of telecare services by promoting best practice, supporting strategic change, and making a true difference in the quality-of-life for Welsh citizens.				
2	**Preparing the healthcare workforce to deliver the digital future – an independent report on behalf of the Secretary of State for Health and Social Care February 2019 (TOPOL)** HEE-Topol-Review-2019.pdf	The workforce is changing with new expectations and the need for a good work-life balance through flexible careers. The NHS Long Term Plan identifies the need for more healthcare workers to respond to this increasing demand. Digital healthcare technologies, defined as genomics, digital medicine, artificial intelligence (AI) and robotics, should not just be seen as increasing costs, but rather as a new means of addressing the big healthcare challenges of the 21st century. This review anticipates how technological innovation will impact the roles and functions of healthcare staff over the next two decades. These technologies will not replace healthcare professionals, but will enhance them ('augment them'), giving them more time to care for patients. Some professions will			**√**	

		be more affected than others, but the impact on patient outcomes should in all cases be positive. Patients will be empowered to participate more fully in their own care. Within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy. This Review is about both the existing and the future workforce. Three principles are proposed to support the deployment of digital healthcare technologies throughout the NHS: 1. Patients need to be included as partners and informed about health technologies, with a particular focus on vulnerable/marginalised groups to ensure equitable access. 2. The healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence. 3.The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients. Genomics, digital medicine, and AI will have a major impact on patient care in the future. A number of emerging technologies, including low-cost sequencing technology, telemedicine, smartphone apps, biosensors for remote diagnosis and monitoring, speech recognition and automated image interpretation, will be particularly important for the healthcare workforce. ***What does this mean for patients, carers and the wider community?***				

		In the future, many aspects of care will shift closer to the patient's home, while more specialised care is centralised into national or regional centres. Digital healthcare technologies have the potential to empower individuals to be more informed about their care, and to allow them to work together with healthcare staff to make treatment decisions. Genomics has the potential to transform healthcare with more accurate diagnoses of a broader range of diseases with a genetic basis, and to allow patients to know their likelihood of developing one of these diseases. However, there is a need to develop clear frameworks for healthcare staff to use genomic data in a way that safeguards patient confidentiality and inspires the support and confidence of citizens and the wider community. Digital medicine is already changing the way people interact with healthcare. Telemedicine services include telephone triage such as 111 and the ability to have video appointments. Smartphone apps help patients self-manage and order repeat prescriptions. Remote monitoring is changing the way care is delivered. Almost 90% of the population regularly use the internet, yet less than a quarter has so far registered for online services with a GP. The health and care system will need to work with patients to co-create applications of digital technologies which meet their needs. Using AI-based technologies, automated image interpretation in radiology and pathology will lead to faster diagnosis, while speech recognition has the potential to free up more staff time to deliver care. Patient benefit should be the driving force behind AI and robotics design, with new products co-developed with patients from design to implementation. However, it is critical that the healthcare system prepares to adopt any new technologies in a spirit of equality and fairness. A range of social determinants affect				

		health outcomes, and digital health technologies should redress not reinforce inequalities, with particular attention given to vulnerable and marginalised groups. ***An evolving health workforce*** There is a need to raise awareness of genomics and digital literacy among the health and social care workforce, which will require development of skills, attitudes and behaviours in order to become digitally competent and confident. This will present new career opportunities for some of the workforce. Genomics will become integral to all specialties. While some aspects will remain with highly specialised professionals, many will become mainstream and embedded in routine healthcare delivery. The health workforce will play a key role in ensuring that genomic technologies are efficiently, appropriately and equitably deployed, so that individuals can understand how genetics can affect their health. Artificial intelligence will be deployed to augment the skills of the NHS workforce. Staff will need to understand fully the issues of data validity and accuracy. Early benefits of AI and robotics will include the automation of mundane repetitive tasks that require little human cognitive power, improved robot-assisted surgery and the optimisation of logistics. NHS organisations should invest in their existing workforce to develop specialist skills. Accredited continuous professional development (CPD) and flexible on-going training and career opportunities, including portfolio careers in academia or industry, will be important to deliver change. ***Health service leadership to integrate and adopt new technologies.*** Technological innovation will increasingly shift the balance of care in the NHS towards more centralised highly specialised care and decentralised less specialist care. This will result in long-term shifts in patterns of need and services. For new digital healthcare				

		technologies to reach their full potential and deliver significantly better patient outcomes without the need to increase resources, the whole health and care system will need to anticipate and plan for the future. As it can take up to 10 years to realise cost savings, investment in IT systems, hardware, software and connectivity, as well as the training of healthcare staff and the public, will have to be planned carefully. There is also a need to complete the digitisation and integration of health and care records if the full benefits of digital medicine (earlier diagnosis, personalised care and treatment) are going to be realised for the NHS. Successful implementation will require investment in people as well as technology. To engage and support the healthcare workforce in a rapidly changing and highly technological workplace, NHS organisations need to develop a learning environment in which the workforce is given every encouragement to learn continuously. We must better understand the enablers of change and create a culture of innovation, prioritising people, developing an agile and empowered workforce, as well as digitally capable leadership, and effective governance processes to facilitate the introduction of the new technologies, supported by long-term investment.				
3	**Nuffield Trust 2022: Digital Primary Care – improving access for all** digital-access-to-general-practice-evidence-review.pdf (nuffieldtrust.org.uk)	Ensuring everyone can access health services on an equal footing is a key priority for the NHS. It is already clear that the Covid-19 pandemic, and the wider impacts of changes to the accessibility and delivery of care arising in response to it, are likely to be a strong driver of widening health inequalities for many years to come. What we have yet to grasp is how rapid changes in access to and the delivery of primary care might also play into this. What impact does the shift towards online and remote have on equal access to primary care? Evidence shows that shifting primary care online creates inequalities in access to health care, by making it more difficult for some patients to get access to the care they need. However digital medicine can make primary care more accessible for individual			**√**	

		patients, has the potential to improve not only access to care but also the quality of care. This report details how it is possible to get the most out of digital primary care, while also tackling inequalities in access. To reduce the risk of making inequalities in access to care worse, a stronger focus on inclusive and flexible routes for accessing care at GP practices is needed. This report argues that a forensic focus is needed, on tackling inequalities in access to care, acknowledging that one size does not fit all while at the same time maximising the opportunities and benefits of digital primary care. Inclusion, choice and personalisation are key. There are however important gaps in our knowledge. Ensuring everyone can access services on an equal footing is a key priority for the NHS. Any independent and comprehensive review of the impact of changes in access to primary care during the Covid-19 pandemic must include the impact on equality of access.				
4	**HEE: Harnessing digital technologies for workforce development, education and training: an overview (November 2022)** Harnessing digital technologies for workforce development_ education and training - an overview (Jan 23).docx (sharepoint.com)	The profile of the health and care workforce needs to change significantly to meet demand, enabling the delivery of services in a digitally enabled environment. It is predicted that "in the next decade the NHS workforce needs to grow twice as fast and the social care workforce four times as fast as in the previous decade to meet demand." More than 50% of today's workforce will still be working in 2032. Policy makers and leaders need to maximise digital technologies to: • take a system-wide approach to workforce planning and supply • transform the delivery of education and training • upskill the existing workforce • inform clinical decision-making • design and deliver personalised healthcare services			√	

		HEE's portfolio of work is already demonstrating impact, helping to establish a whole learning healthcare system where the culture enables the benefits of digital technologies to be harnessed. The work detailed within this report and undertaken by HEE explores new ways of delivering learning which rely upon digital technologies. New tools to mobilise evidence and knowledge at the right time and in the right place enabling high quality decision-making, learning, research, and innovation, while at the same time giving health and care staff back the gift of time. In the workforce redesign space, a focus on the use, recording and measurement of skills and capabilities, will help organisations to leverage their workforce by optimising the skills that they have available to them. Evolution of culture and environment are key enablers of digital transformation. Working with health and care leaders to provide horizon scanning, assess learning needs and deliver education helps to develop a culture which not only enables digital transformation but also maximises the potential of digital technologies.				
5	**The Impact of Digital Technology on Primary Care: A Review of the Literature" (Journal of Medical Systems, 2017)**	This article discusses the effects of digital technology on the primary care sector. The article reviews previous studies on the topic and finds that digital technology has the potential to improve efficiency, accuracy, and access to patient data in primary care. However, the authors also note that there are challenges such as data privacy and security concerns, a need for workforce training, and potential unintended consequences of technology implementation. Overall, the article concludes that while digital technology has the potential to greatly impact primary care, careful consideration and planning is necessary to ensure a successful implementation and positive outcomes.			**√**	
6	**Digital Technology and its Impact on Primary and**	This article examines the effects of digital technology on the primary and community health care workforce. The authors find that digital technology has the potential to			**√**	

	Community Health Care Workforce" (Human Resources for Health, 2020)	improve efficiency, accuracy, and access to patient data, but also acknowledges the need for workforce training and upskilling to keep up with advancements. The article concludes that while digital technology offers numerous benefits, it also has the potential to disrupt traditional job roles and create new job op opportunities. Careful planning and investment in workforce development is necessary to ensure that the primary and community health care workforce is equipped to effectively use digital technology to improve patient outcomes.				
7	**Primary and Community Care Workforce Plan – Digital Elements** Digital%20horizon%20scanning%20-%20(	This document was developed internally by the digital team by going through various sources, evidence, research and articles based on the key Digital themes pulled from Chat GBT. It describes 'How' and provides examples for each of the themes/areas. They key themes include: 1. Increased efficiency and productivity 2. Improved access to information and patient data 3. Greater telehealth capabilities 4. Reduced costs for training and continuing education 5. Better collaboration and communication among healthcare providers 6. Shifting job roles and responsibilities to align with digital advancements 7. Increased demand for digital skills and technology-related jobs			**√**	
8	**Recent global report predicts different trends for the future of education**	This report argues that making well-informed decisions in terms of education and training without the full range of relevant data and information available is impossible. Google's report highlights a trend towards 'evidence-based education'. Whether looking at schools,			**√**	

	Google's Recent Global Report Predicts Different Trends for the Future of Education – New Education Story (big-change.org) ***Added: 17 August 2023***	colleges or universities most 'end of year' assessments fail to capture a broader picture of everything a student has learned, creating a limited snapshot of their abilities and potential in a stressful environment. Given this there is rising demand for more meaningful ways to track student progress with a shift towards more effective models of assessment and education systems that don't just rely on 'tests/assessments' and this will impact on how we train our future workforce across the NHS.				
9	**Artificial Intelligence and primary care (RCGP)** CIRC AI REPORT (rcgp.org.uk) ***Added: 4 August 2023***	This paper has been created to inform GPs of the potential use of Artificial Intelligence (AI). This paper discusses and provides a brief overview of the role and potential impact that AI may have in primary care. Primary care has become more complex and requires greater use and integration of new technologies such as AI, diagnostics, medicines and treatments. The recent move to wrap care around the patient should be facilitated by AI to support GPs to deliver person-centered care. The application of AI in primary care is a nascent, developing field but it's already having influence across healthcare settings and has the potential to influence a wide range of areas and activities within the NHS. The full extent to which AI will change primary care is unknown, nevertheless, there is significant speculation on the potential capabilities and risks of AI, many of which are still emerging. General practice has evolved to generate, capture and access large quantities of data. The rise in multidisciplinary teams is changing the tasks involved in care provision, introducing an increasingly diverse range of skills and skilled staff into the practice. The pressures on			**√**	

		general practice, which include high workload, large quantities of administrative tasks, low GP numbers and increasingly complex cases, are well documented and solutions are required to address these challenges. Furthermore, there is increasing concern about safe working in these circumstances, which AI driven tools could support to address and alleviate. These benefits in combination with the advances in AI mean we are potentially coming to a point where AI can meaningfully contribute to improving processes, replacing backend administrative tasks and, in the short term, reduce the workload of healthcare professionals to release their time which can be better spent with patients. The role of the GP and practice staff will continue to evolve as AI has a greater impact on services and care provision. It is possible in the long-term there will be a need to redefine the responsibilities of each member of the primary care team to fully unlock the potential of AI to benefit patient care and the system. It is especially important to consider how responsibilities may change and be redistributed to take advantage of the natural strengths of machines and humans. This paper provides in depth case studies in relation to AI within primary care which can be explored further.				
Miscellaneous						
1	**The Hewitt Review - an independent review of integrated care systems** The Hewitt Review: an independent review of integrated care systems (publishing.service.gov.uk)	This review relates to the English health and care system focussing on the new organisational arrangements in England. However, there are some references to workforce issues and a specific focus on primary care services that are worth highlighting. The review recognises some of the challenges within primary care that will present as similar challenges in the Welsh context including how to incentivise and support primary care at scale and the variety of models that can be utilised to do this. It recognises that a new contractual framework may be needed in England to facilitate new models tailored to local needs but capturing the benefit of an 'at scale' offer.			**√**	

2	**Population Needs Assessments – Regional Partnership Boards in Wales**	Below are links to the Regional Population Needs Assessments (PNA) carried out by seven Regional Partnership Boards in Wales which provide the context for the development of local health and care plans and which Cluster and Pan-Cluster plans need to align with. **Cardiff and Vale RPB:** Summary: https://sway.office.com/yUpIfBn567nky46D Full report: https://cvihsc.co.uk/wp-content/uploads/2022/04/PNA-English-v2.pdf **Cwm Taf Morgannwg RPB**: https://www.ctmregionalpartnershipboard.co.uk/wp-content/uploads/2022/05/CTM-Regional-Partnership-Board-Population-Needs-Assessment-Summary_e5.pdf **Gwent RPB**: https://www.gwentrpb.wales/population-needs-assessment **North Wales RPB**: https://www.northwalescollaborative.wales/north-wales-population-assessment/ https://www.northwalescollaborative.wales/wp-content/uploads/2022/04/Population-Needs-Assessment-April-2022-Final-2.1.pdf **Powys RPB**: https://www.powysrpb.org/_files/ugd/33b29e_dfc4dcc31ac34f0cb5ac57fc8693438e.pdf **West Glamorgan RPB**: https://www.westglamorgan.org.uk/west-glamorgan-population-needs-assessment-2022-2027/ **West Wales RPB**: TBC			√	