

NHS Scotland Workforce Modernisation Division

OD/HR WORKING GROUP

Note of the meeting on Tuesday 17 April 2007, 2pm to 4pm in Springfield House, Stirling

Present:

Dr Shiona Mackie, Medical Director – Primary Care, NHS Lanarkshire (SM) (Chair)
Duncan Miller, General Manager – PC Contracts, NHS Lothian (DM)
Fiona Bell, Learning & Network Coordinator, NHS Education for Scotland (FB)
Mary Mitchell, Networking and Learning National Coordinator, NHS Education for Scotland (MM)
Nic Zappia, Head of Primary Care Support, NHS Greater Glasgow & Clyde (NZ)
Rona Agnew, Primary Care Advisor, Royal College of Nursing (RA)

In attendance:

Claire Murphy, GMS/PC Programme Support Team (CM) (*notes*)
Elaine Greig, Secretary, Workforce Modernisation Division (EG)

Apologies:

Alan Boyter, Alan Gall, Alex Mackinnon, Calum Kerr, Colette M Maule, David Notman, David Renshaw, George Crooks, Gillian Halyburton, Jane Cantrell, Jane Connechen, Jane Walker, Janice Turner, Janis Millar, Jim Currie, John Rankin, June Wylie, Karen Lockhart, Linda Sinclair, Melanie Aldridge, Eileen Burns, Morag McLaren, Peter McCrossan, Peter Quinn, Rose Marie Parr, Sybil Canavan, Vicky Irons.

1. Introductions and Welcome

Everyone was welcomed to the meeting and introductions were made.

2. Notes of the Previous Meeting

The notes of the previous meeting were agreed to be accurate subject to the following amendments:

- Colette Maule had only one 'l' in her forename.
- Page 1, NES Practice Nurse Project should read *“NES Practice Nurse Project – FB updated the group and tabled a paper outlining the history of this project and provided a progress report. The aim of the project had been to develop an education standard Scotland wide for nursing in general practice. This work began in October 2005 and initial standards were developed last year. The information can be accessed via the website.”*

3. Matters Arising

Workforce Planning Questionnaire

Following pilots in NHS Lothian and NHS Great Glasgow & Clyde, other Boards had been encouraged to undertake the practice staff collation exercise with reasonable success (with only 1 or 2 not returning the information). The workforce group had met in the last few weeks and ISD were now in the process of gathering the data, analysing it and reporting back. All Boards will receive a top level summary in due course – results will not go down to practice level.

The continuation of the project was also discussed. It had originally been planned as a systematic project rather than a one-off. NZ will be writing to SGPC to confirm they are happy for the project to continue. **Action: NZ**

Feedback will be provided to practices and all comments regarding the process will be taken on board and any repetition of the exercise will incorporate suggested improvements, i.e. simpler form for completion. Julie Kidd is taking this forward. It has not been decided whether the exercise will be repeated annually or bi-annually – a baseline will be set before this decision is made.

The group felt it would be useful to know how the information was being used in each Board area and by whom. However, it was difficult to use the information when the response rate had not been high. It would be useful if the LMCs could provide details of the practices who had not responded so

that an extrapolation of the data would be possible. We need meaningful information to plan the future of primary care and see the whole picture.

It was noted that the rise in population in various areas was starting to affect practices therefore Boards needed to work more closely with practices in response to this. For example, 'full' practices – need to know profiles to gauge what future services will be needed.

The difference in attitudes in responding to such information requests was also an issue, especially when no remuneration was offered. It was also noted some Boards may not participate.

It was proposed that getting Boards involved, i.e. Boards doing the work with LMC support rather than the other way around, might be a way of getting better quality responses. NZ would ask this SGPC for their opinion of this in his letter.

Management Tool Development

A paper was taken to GMS Leads where there was general support for the principle. DM had contacted Lesley Campbell who will be attending a Network and Learning meeting in the near future. It is hoped that support will also be provided to complement the tool and MM would be facilitating this. Once that process is in place, John Turner will write out to Boards to inform them of details. It would then be up to individual Boards to support that or for individual practices to take on. Remuneration has not been agreed but may be around £120 per practice. It is hoped the tool will facilitate analysis in practice and show where development is needed. It can then be looked at at Board level and also Scotland level. **Action: DM**

MM advised she had yet to see this tool but, if approved, it could be part of the Network and Learning road shows. It would be possible for practices to utilise this tool on their own but support would be there for practices that required it and support would also be there to help with outcomes.

Funding for the support provided was also an issue. Board coordinators were currently funded by NES for 4 sessions per month. It was thought local OD groups could also facilitate this process. John Turner will write out regarding this tool anyway but it would be helpful if there was a support network as part of that.

GPSWI

SM advised there was no update as she could not contact Mairi Scott and was unsure as to the information on the bids. This would be looked at under *Future/Role of Group*.

Modernising Medical Careers

NZ advised things had gone well in Scotland. A national system was already in place for approving GP registrars so it was easy to move forward with the new arrangements. There were 50 new GP Registrars so far with new training to be confirmed. There was an issue around support for acute divisions with funding to be identified. There were some concerns around sustaining additional registrars when there was only a small amount of training practices (2 years lead in time to become a training practice).

Salaried GPs – Progress with Contracts

This is still with SEHD. John Turner's office has issued draft contracts and pay scales to HR Directors in the Boards to use as they see fit. DM advised Lothian had been using the salaried contract but there was no legal framework in place to support this as yet. Hopefully this would be clarified with David Notman and Jonathan Pryce at GMS Leads.

With regards to the pay scales and incremental increase, DM advised that Lothian had applied the DDRB position to those situations. Arrangements for 07/08 had not yet been clarified.

NZ advised that NHS Greater Glasgow & Clyde were possibly going to produce a position paper identifying the contracts people were on etc.

The group agreed that an HDL showing scales, good practice template etc would be very useful.

RCGP Representation

SM advised this would be discussed under *Future/Role of Group*.

Practice Nurses Questionnaire & Education/Training Mapping

FB advised that the questionnaire had gone out (electronically and in practice newsletters) in January this year for senior nurses to complete. The questionnaire looked at various aspects including age, grade, education and IT needs. The following statistics were gleaned:

- Most practices had 1-3 nurses, the majority of whom were part-time (some practices has up to 10 nurses).
- 2/3 of practices had a full-time nurse.
- 55% of the nurses were G grade.
- Most were between 1-20 years in the job.
- Nobody under the age of 30 was identified.
- 55% were 40-49, 15% were 50-54 and 10% were 55-59.

Interestingly, FB had noticed that the same age profile was apparent as in older surveys rather than showing an ageing workforce.

With regards to no one under the age of 30 being identified, it was felt this may change in the future as more students were now wanting to work in general practice but this may take 5-10 years before we see the impact.

Most people had a standard education typical of the past 15 years. New areas of expertise were appearing, i.e. epilepsy and stroke.

More than half of the respondents were supplementary prescribers.

The group felt the results would also be useful for GMS Leads.

FB advised that the questionnaire would be going out again in the next couple of weeks as some people had problems with the electronic submission the first time round.

The questionnaire had also asked for Board/CHP area, which FB had looked at – responses were mixed. Practice nurse advisors were contacted where possible but it was noted that not all practices had a practice nurse advisor in post or a post at all.

The questionnaire results also showed that:

- 78% had other training needs, i.e. appraisal, developing PDPs, management, teaching, mentorship. This showed there was a move away from clinical skills focus.
- 91.7% thought they need outside support. Some already went to a practice nurse group but others could not attend such a group due to time constraints.
- 40.2% were from areas where a lead nurse was in place.
- All had internet access at work but some still returned their proformas by post.
- 98% used email.
- Reasons for not using IT were mainly lack of skills to do so.
- 96% were prepared to cascade information within their practice whilst others felt this was not their remit.
- Most were happy to go on a mailing list.

FB was now looking at training gaps and how the appropriate training could be provided. This would be supported by NES.

Whilst FB's post had recurring funding, it was also noted her current contract was temporary for 1 year. Currently, she was working to develop a network of local coordinators, i.e. at CHP level, but needs to make bid for funding which would be done within the next couple of months. 10k was

previously given and 30 nurses did initial preparation training (evaluation to follow). FB hoped to get similar funding again.

FB advised she was still trying to get a hold of a full set of practice nurse implementation framework plans.

4. Future/Role of Group

The group has achieved everything on the original role and remit. All felt it was be useful for the group to continue in some capacity as what other group would pick up 'hot' topics such as HCAs. SM's role and leadership of the group was important and should continue. It would also be useful to a have a new work plan with timescales and for the group to keep in contact regarding this regularly (electronically).

SM would review the role, remit and membership of the group in conjunction with the GMS/Primary Care Programme Support Team (DM and CM) and circulate to the group. **Action SM/DM/CM**

Any proposal would be taken to GMS Leads for their comment. It was noted that a link to HR Directors on the group would be useful. DM would speak to John Turner regarding this and ask him to speak to someone about joining the group.

It was also proposed that the name of the group changed to OD/HR Steering Group given the potential change in the role of the group.

5. Healthcare Assistants

SM advised a meeting had been arranged for 17th July 2007 with colleagues from NES, RGCP, SEHD and RCN to take forward this ongoing issue. Jane Connechen's paper was noted as it picked up some of these issues. DM advised Jane had also sent him a lot of supplementary information from England regarding courses on offer etc. It was agreed that a practice manager's input would be useful and, as Jane's paper contained relevant proposals, CM would contact Jane and invite her to attend the meeting in July. **Action CM**

SM felt it was important to get guidance out to Boards as soon as possible outlining concerns around this issue but as this guidance would need to well-informed, it would be difficult to do so until after the July meeting.

It was noted that it was difficult as HCAs were practice employed although Boards have a responsibility for patient care and there are definite governance issues here. SM would raise at the next GMS Leads meeting. **Action SM**

DM advised that Mike Winter had sent some guidance out to practices on this issue and SM undertook to get copies of this documentation and send round the group. **Action SM**

RA advised that RCN welcomed a meeting to look at this with the appropriate people round the table. It was important to get a robust system in place which could be piloted, evaluated and audited for the future. RCN supported the principles involved but were against putting HCAs in an unprotected position. They were very keen to get involved in these discussions but there was a need to support and protect HCAs as well as the nurse who would be delegating tasks to the HCA. Nurses and HCAs were not the same and HCAs should not be put in a position that could put them or a patient in danger therefore clear guidelines and objectives were needed.

It was agreed that Boards could issue guidance in the interim if they needed to, i.e. Mike Winter's letter regarding guidance and best practice. RCN have a lot of information around this too which could be accessed if required.

Jane Connechen's proposal would be taken to the July meeting. Issues would be agreed then a group would be set up and series of meetings put in place to take these issues forward. In terms of the group's future role, this could be a key element of the work plan.

It was felt that timeous letters to practices prior to the flu campaign for 2007 would be useful.

6. Agenda for Change: OOH Staff

Some difficulties have arisen around OOH staff. The group needs to look at this as a major issue for OOH services, especially how it is affecting drivers/receptionists who are key to the service. SM would write out to OOH services as part of a stock-taking exercise. **Action SM**

Also, where staff are practice employed, GPs are asking if they need to pay so there may also be an issue that practices have not really adopted AfC. It was noted that some NHS Boards are now charging VAT on practice-employed staff.

7. AOCB

Physician Assistants

SM gave an update on the Scottish pilot and the number of PAs in Grampian, Lothian and Lanarkshire. It was hoped that 19 would be recruited but the actual number was only 11. From a Lanarkshire perspective, this was working very well and the PAs were now moving out to other practices. In Lothian, PAs were working across practices at a CHP level. There was a degree of cynicism around PAs versus practice nurses. The evaluation returns should be interesting in this respect. It was felt PAs could possibly have more of a role in rural areas.

8. Action Points

REF	ACTION	WHO?
3	Workforce Planning Questionnaire: - NZ to write to SGPC to confirm they are happy for the project to continue.	NZ
3	Management Tool Development: - DM had contacted Lesley Campbell who will be attending a Network and Learning meeting in the near future. This will continue to be taken forward.	DM
4	Future/Role of Group: - SM would review the role, remit and membership of the group in conjunction with the GMS/Primary Care Programme Support Team (DM and CM) and circulate to the group.	SM / DM / CM
5	Healthcare Assistants: - Jane Connechen to be invited to July meeting.	CM
5	Healthcare Assistants: - The governance issues around practice-employed HCAs vs Boards' responsibility for patient care would be raised by SM at the next GMS Leads meeting. - DM advised that Mike Winter had sent some guidance out to practices on this issue and SM undertook to get copies of this documentation and send round the group.	SM SM
6	Agenda for Change: OOH Staff: - The group recognised the need keep apprised of the issues affecting OOH staff. SM would write out to OOH services as part of a stock-taking exercise.	SM

9. Dates of Future Meetings

- 26th September 2007, 2pm to 4pm, Springfield House, Stirling (please note this was previously diaried as 5th September)
- 7th December 2007, 2pm to 4pm, Springfield House, Stirling

Please note that the meeting arranged for 8th June 2007 has been cancelled.

Agenda items and papers for the next meeting should be emailed to Claire Murphy (nationalgmsprog@lpct.scot.nhs.uk) by 12th September 2007.