

Lincolnshire Primary Care People Plan 2023 - 26

*‘Building Capability & Capacity for
today and the future’*



April 2023

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Foreword

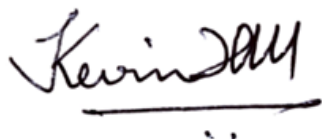
Welcome to the Primary Care People Plan – jointly we have worked together over the last few months to identify what our current challenges are for our workforce, and more importantly what we can do to **‘Build Capability & Capacity for today and in the future’**.

This plan aims to set the scene for what is happening at a global, national, and local level as the race for staff and skills intensifies in health and care provision. The Integrated Care Partnership Strategy has outlined the ambition and aims to improve the health & wellbeing of the people in Lincolnshire. One of the key enabling priorities of the strategy is ‘workforce and skills’ with a focus on attracting new talent and supporting and developing all staff to provide the skills required for the future and help them reach their potential.

The Primary Care People Group was established last year, and this has been vital in bringing professionals together to identify workforce challenges and how we can work collectively within the Integrated Care System. The Group reports into the PCN Alliance, the Integrated Care Board, and the People Board and together we have agreed a work programme to support this plan and enable us to Grow, Value, Develop and Retain our people. Colleagues from Pharmacy, Dentistry and Optometry will be joining the group this year and together with General Practice will form the Four Pillars of Primary Care.

We hope you enjoy reading this plan, there is also a ‘Plan on a Page’ as an appendix which provides a concise summary.

If you have any questions relating to this plan, or the work of the Primary Care People Group and require any support with workforce issues, please contact the inbox address at the end of the plan, or alternatively contact any of the members of the group.



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Introduction

The needs of our communities, in particular areas where there are health inequalities, are greater than ever before. Our population is being impacted more and more by complex, long term conditions. There is a growing concern about areas of longstanding unmet health need and the social determinants of health are playing a bigger role than ever before. These new challenges are increasing the pressure on the system to deliver for those in our communities and there is more that we can do to shift our focus from treating those who are unwell to preventing ill health and tackling health inequalities.

The creation of Primary Care Networks (PCNs) builds on the core of current primary care services and enables a greater provision of proactive, personalised and more integrated health and social care. To support PCNs, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 26,000 additional roles to create bespoke multi-disciplinary teams. Primary care networks assess the needs of their local population and, working with local community services, make support available to people where it is most needed.

NHS England 2022

Primary care practitioners are in the vast majority the healthcare individuals that communities will access the most during their lifetime. This includes the four pillars of primary care – General Practice, Dentistry, Optometry and Pharmacy. Not only for primary assessment and treatment but also as a gateway to secondary specialist care, to help support occupational and social health requirements and co-ordinate palliative and end of life needs. However, the term primary care suggests a co-ordination of efforts akin to a large system when realistically there is much diversity in primary care in terms of independent businesses, employment models, geography, size, service delivery and established networks and ways of working.

Primary Care in Lincolnshire is made up of:

- 81 General Practices working within 15 PCNs
- 52 Dentists
- 79 Optometrists
- 112 Community Pharmacies

Whilst diversity is a consideration this should not be seen as a barrier – indeed many primary care providers are by nature innovators, small communities of practice that have nurtured their relationships with patients and the public and developed their staff to deliver broader skillsets and negate the need for unnecessary travel across a large rural county. There are many examples of good practice in primary care, highly experienced professionals, and effective partnerships. By developing a Primary Care People Plan we will be looking at the national and regional context, what is working well, what our Lincolnshire Integrated Care System (LICS) challenges are and how we can work collectively as primary care providers with the wider health & care system to **‘Build Capability & Capacity for today and the future’**.

The National Strategic Workforce Framework

The global healthcare workforce crisis

We face a future of too much work with too few workers

18 million

The global shortfall of health workers by 2030



20%

Of the total capacity to care



Framework 15: shaping the future workforce – a collaboration between Department of Health & Social Care/Skills for Health/NHS and led by Health Education England.

In the summer of 2021, the Minister commissioned HEE (Health Education England) to produce a Strategic Framework for the health and regulated adult social care workforce over the next 15 years, making the planning assumptions and strategic choices explicit by setting out:

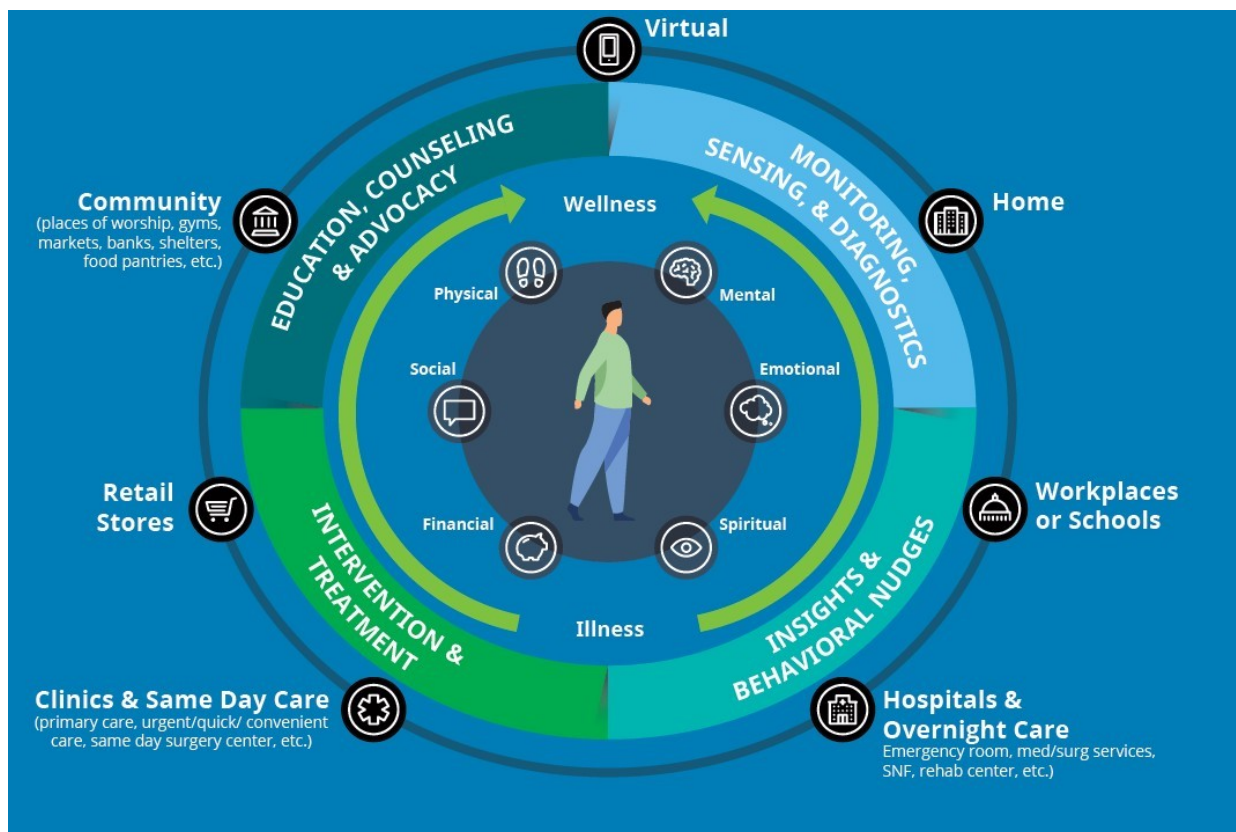
- where we are now
- the future shape of care, work, and education (service ambitions)
- the likely impact of key drivers of change on future demand and supply such as demographics and disease, data and digital, and technology
- the overall shape of the workforce required to deliver our ambitions for 2037
- the strategic choices that need to be made if we are to realise a different and sustainable future vision rather than just roll forward the past

This framework is the first and necessary step in the planning processes and will inform:

- The Long-term Workforce Plan – which will set out the size and shape of the NHS workforce over the next 15 years, and how that workforce is best supplied
- ICB five-year strategies for health services and ICP integrated care system plans,
- Publication date yet to be agreed

More information on Framework 15 can be found at www.hee.nhs.uk/framework-15

Shift to Health and Wellbeing



The Future Shape of the Workforce: Characteristics

More and different: In terms of the whole health and social care workforce, the UK long term average growth in jobs from 1982 to March 2021 was 2% p.a. (ONS). Historic trends suggest that all governments have a choice of whether to invest in minor growth (0-2%), moderate growth (2-4%) or significant growth (4+%).

Growth is needed, but more of the same will not deliver the future shape of care, work and education people tell us they want. Our work suggests we need:

- More clinicians and care professionals with generalist skills, able to provide more personal, preventative, and joined up care.
- A greater focus on skills rather than roles, by expanding the skills of existing staff to provide the required activity, rather than automatically creating additional roles.
- Able to deploy their skills when and wherever they are needed, whether that be in peoples' homes; social or health care; community or secondary care and in physical or mental health, prevention, support, or treatment.
- Supported to develop and adapt in the future. It is estimated that the doubling time of medical knowledge in 1950 was 50 years; in the early 2020s, it is just 73 days. We need to move away from a system that focusses on front-loaded training for people to be a particular specialist, to one that supports clinicians to be in a constant state of becoming.

Actions We Can Take Now:

- **Keep the people we have:** Focus on retention and improved work offer
- **Develop people:** Fully utilise and invest in the skills and talents of the current workforce
- **Significantly grow the pluri-potential and generalist workforce:** Expand roles and skills that can be deployed across all sectors and settings
- **Create new routes into local careers in caring:** Work with HEIs and other partners such as Care Academies and digital/global platforms to create faster, more flexible routes in for a local sustainable workforce
- **Develop shared solutions to shared problems:** Work with social care and other partners to develop shared solutions, so that spend on the workforce is treated as an investment in human capital that contributes to wider economic health and benefits the local population

In May 2022 the ***Next Steps for integrating primary care – Fuller Stocktake Report*** was commissioned and published by NHSEI following real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it.

The report highlighted that despite the challenges, there was real optimism that the new reforms to health and social care – if properly supported to embed and succeed – could provide the backdrop for transforming how primary care is delivered in every community in the country.

At the heart of the 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

The shifting focus is now onto developing integrated neighbourhood teams, places and systems, which gives us such a great opportunity to build a new, more effective health service designed with our communities to fit their needs.

The recommendations within the Fuller report have been integrated within this Primary Care People Plan and the link to the report can be found here [The Fuller Report](#)

Better Lives Lincolnshire - Integrated Care Partnership Strategy

There is a long history of working jointly in Lincolnshire between the local authority, the NHS, and wider partners, working hard to build relationships to support people to enjoy the highest possible health and wellbeing for themselves, their families, and communities. The Lincolnshire Integrated Care Partnership has a shared ambition:

'For the people of Lincolnshire to have the best possible start in life, and to be supported to live, age and die well.'

Underpinning the ambition are 4 main aims for Lincolnshire:

1. Have a focus on prevention and early intervention.
2. Tackle inequalities and equity of service provision to meet population needs.
3. Deliver transformational change in order to deliver health & wellbeing.
4. Take collective action on health and wellbeing across a range of organisations.

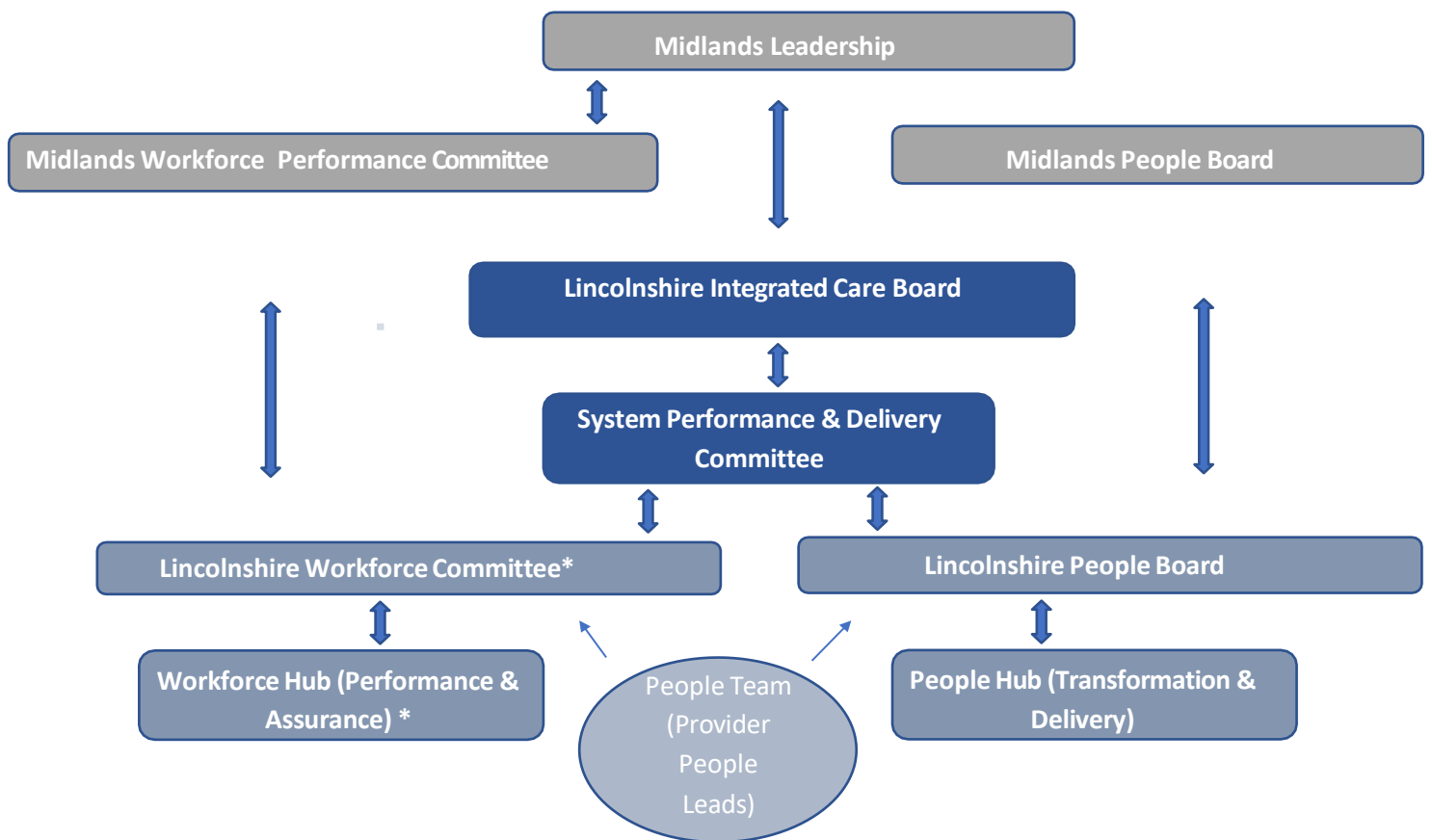


One of the key priority enablers for the above aims are 'Workforce and Skills' – the issues and themes raised in the strategy have informed the work of the Primary Care People Group and have been woven into this Primary Care People Plan to help **Grow; Value; Develop and Retain** our people.

The link to the full 'Better Lives Lincolnshire – Integrated Care Partnership Strategy' can be found here [Integrated Care Partnership Strategy](https://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx)

The Integrated Care Partnership Strategy gives a comprehensive population overview based on the Director of Public Health Annual Report with challenges in deprivation, health, education, employment and skills, and housing. Lincolnshire is the second largest county in terms of square miles and has infrastructure challenges with limited public transport, no motorways, diversity between urban and rural areas, and seasonal variances and demands for services, making workforce challenges more acute in some parts of the county.

The Lincolnshire Integrated Care System People Board



*Denotes planned future provision and development

The LICS (Lincolnshire Integrated Care System) People Board was established in 2020 when simultaneously COVID-19 presented opportunities to really develop relationships across health and care as we responded to the pandemic in Lincolnshire. During this time partnership working, collaboration and shared endeavours certainly moved forward and the first People Plan 20/21 came from this collaboration and set the scene for future working.

In 2021, the COVID-19 workforce cell progressed into the 'People Team' as a strategic leaders group reporting to the People Board who provided strategic oversight for the four pillars of the 21/22 People Plan in addition to their roles in the provider Trusts. There was further engagement with wider system partners e.g., Lincolnshire Care Association (LinCa), Primary Care and the Voluntary sector.

In 2022 the People Team became a foundation on which to deliver key people priorities as a system. Delivering the 2022/23 People Plan now incorporates the People Hub – a team of specialists who can support areas of the People Plan e.g., retention, attraction and temporary staffing, with key transformational programmes requiring dedicated programme support and system leadership.

As the LICS matures, there are now greater opportunities and expectations to aspire to ‘**One Workforce**’ across Lincolnshire. The People Board, Team and Hub are now well established, ‘Workforce’ less so and requires a ‘scaling up’ People Services Programme to deliver on performance. It is planned that this will take the form of a parallel workstream where a Lincolnshire Workforce Committee and Workforce Hub will be created to oversee the delivery of performance and provide assurance (see previous governance structure).

The Lincolnshire People Plan-2023/24



The Role of the Primary Care People Group

The Primary Care People Group (PCPG) was established in February 2022 to bring together key stakeholders from across the county to agree a Primary Care People Plan which delivers on the 4 themes and ten priorities as developed within the national and LICS People Plan (as above).

The PCPG meets bi-monthly and is authorised by the Primary Care, Community & Social Value Steering Group (LICB), PCNA (Primary Care Network Alliance) and Lincolnshire People Board to conduct any activity within its terms of reference. It may establish sub-groups and/or task and finish groups and determine membership and update terms of reference. Standing orders and financial policies as appropriate apply to the group and they may, by exception, escalate urgent matters/risks to the reporting groups as stated above, whereby further strategic leadership and/or resources are required.

The PCPG will co-produce a PC People Plan and enabling work programme by providing:

Joint Problem Solving – to increase the pace with which we collectively deliver on the NHS Long Term Plan and Population Health Management, and the NHS People Plan/People Promise.

Transparency – to ensure transparency in funding allocations, investment, and expenditure to support our people to work effectively in a compassionate and inclusive culture.

Co-ordination – to lead and promote the co-ordination and collaboration of work programmes, sharing lessons learned and best practice.

Alignment - to align with the NHS Long Term Plan, Integrated Community Care Programme and Population Health Management, and to ensure effective communication, engagement, and influence of stakeholders.

Development – to develop the people infrastructure, in terms of capacity and capability at both system and local level.

Support – to co-ordinate and direct appropriate and timely support to allow our people to reach their potential.

Mutual Accountability – each partner demonstrates commitment and assurance that they are delivering their contribution to the Lincolnshire Integrated Care Strategy, the NHS People Plan and the NHS Long Term Plan improving the outcomes for patients and local population

Key Partnerships for the Primary Care People Group:

Reporting to:	<ul style="list-style-type: none"> • PCNA • Primary Care, Community & Social Value Steering Group (LICB) • LICS People Board
Membership:	<ul style="list-style-type: none"> • PCNA • LICB • People Hub/Team • LMC (Lincolnshire Medical Committee) • LDC (Lincolnshire Dental Committee) from April 2023 • LPC (Lincolnshire Pharmacy Committee) “ • LOC (Lincolnshire Optometry Committee) “ • LTH (Lincolnshire Training Hub) • HEE • PCN Business Managers • Primary Care Practice Managers • First5 representative • GPN Reference Group representative • AHP representative
Communication & Engagement:	<ul style="list-style-type: none"> • As above • Primary care staff • Voluntary sector • NHSE Regional and national • Other organisations as appropriate

The Four Pillars of Primary Care

The four pillars of primary care include General Practice, Dentistry, Optometry and Pharmacy. There are existing national datasets for the NHS contracted primary care workforce e.g., the National Workforce Reporting Service, but this data is not currently used for workforce planning uniformly across primary care and doesn't include local business intelligence on hard to recruit vacancies, attraction strategies, retention, and overall resilience and business continuity preparedness. The private sector provider workforce data is not readily available and in some instances is classified 'commercial in confidence' but the recent pandemic has taught us that working collegiately across primary care and the wider system can present opportunities and greatly help service delivery e.g., Covid-19 vaccinations.

From 1st April 2023 commissioning of Dentistry, Optometry and Pharmacy primary care services will move from the NHSE to the Lincolnshire ICB. This presents an opportunity to work more closely with the service providers in the county. In readiness for this, representatives have been put forward from the local professional committees to sit on the Primary Care People Group and share intelligence on workforce challenges, strategy, and possible joint initiatives to build capability and capacity in the county.

- General Practice

General Practice provides 92% of all patient contacts in the NHS and is often the first port of call for most patients. However, there is a shortage of GPs nationally. This is more acute in Lincolnshire where we have a smaller percentage of GPs as part of the primary care workforce compared to every other system in the Midlands. A significant proportion (28.7%) of these GPs are over the age of 55 and could potentially retire soon. There is also significant variation within the county as to the GP to patient ratio (ranging from good to poor).

While the GP numbers have not increased, there has been a significant increase in demand resulting in pressures on GP access, reduced patient satisfaction and a less satisfied workforce. To mitigate some of these pressures, there has been a reorganisation of workforce within Lincolnshire (much like in the rest of the country) where General Practice has moved towards a multidisciplinary team model with care provided by several team members and not just GPs.

Compared to other regional integrated care systems, Lincolnshire has a higher number of Advanced Nurse Practitioners and trainee General Practitioners. With the introduction of the Additional Roles Reimbursement Scheme (see next section) from 2019 there is much more choice in how care can be delivered, and this will see the numbers of new roles e.g., Physician's Associates and GP Assistants increase in the coming months, leaving our most autonomous and experienced primary care staff to use their skills to support the complex needs of their patients.

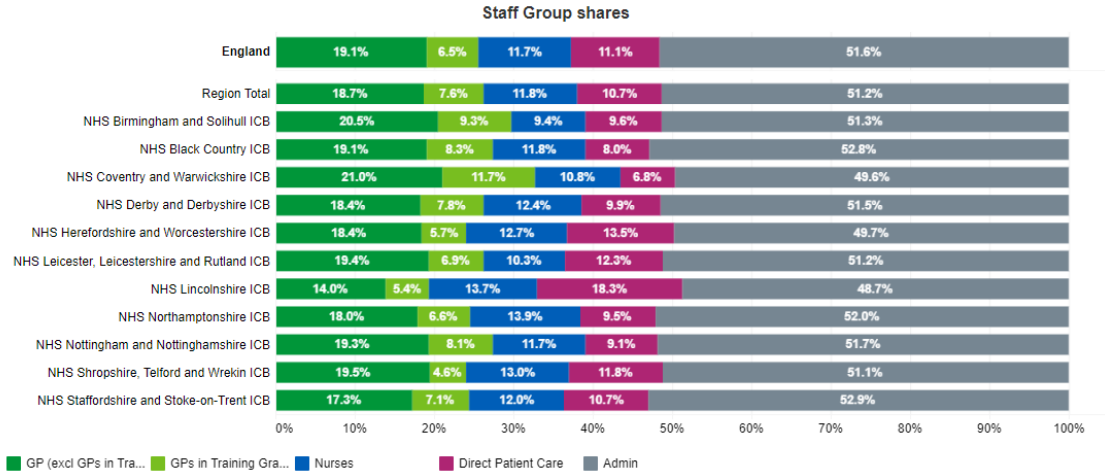
General Practice Workforce Data at December 2022 (Source NWRS)

Staff Group percentage shares



Region Select
 Midlands

The chart below details the December 2022 FTE share of workforce in each ICB alongside the Midlands data for comparison.



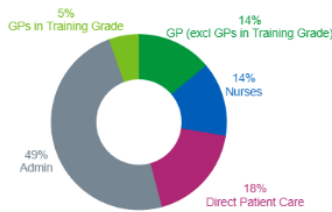
GP Workforce Dashboard
 Percentage of staff type



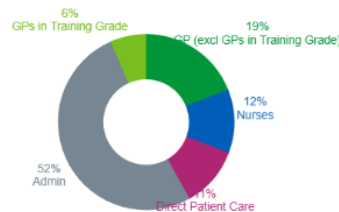
Region Name: Midlands | ICB Name: NHS Lincolnshire ICB | Sub-ICB Name: NHS Lincolnshire ICB - 71E | Census Date: 31/12/2022

GP (excl GPs in Training Gr..)	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
334	130	327	438	1,165	2,394

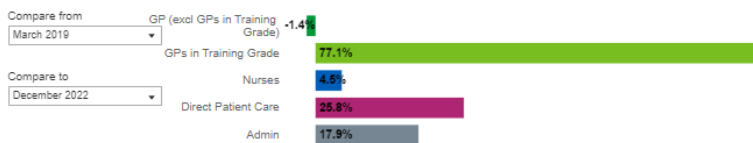
% of staff type in 31/12/2022



% of staff type in NHS England



Variance between March 2019 and December 2022



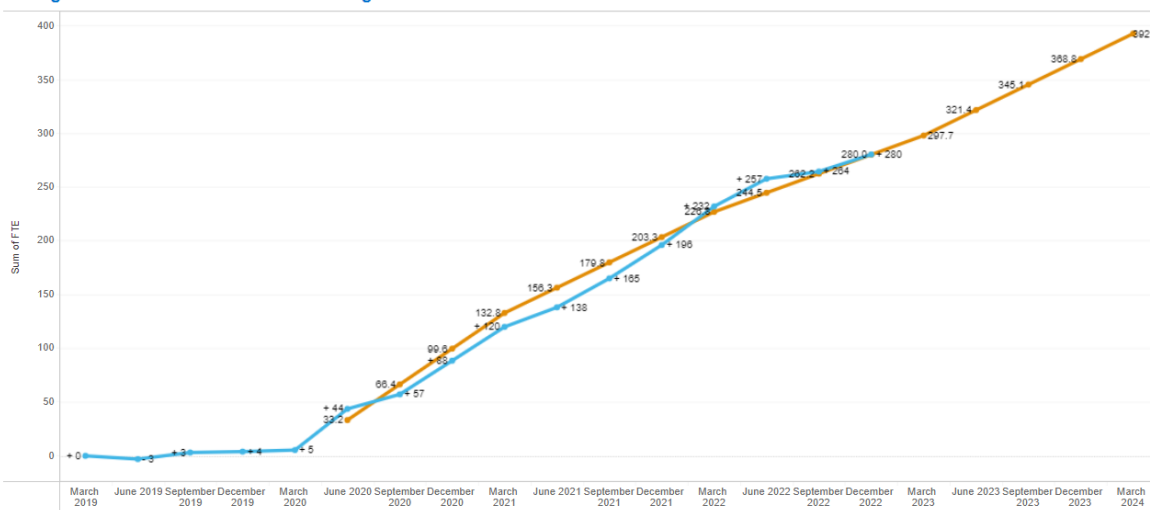
Actual PCN + Practice Workforce vs Indicative Target

Regional targets are indicative only.

Region: Midlands ICB: NHS Lincoln... Target Change since March 2019



Change since March 2019 vs. Indicative Target



- GPs and Registrars are below the national/regional averages; however, Nurses and Direct Patient Contact staff are above average, and Administration staff are the lowest level in the Midlands and below the national %.
- The trend for all workforce categories shows an increase since 2019, well above the overall regional growth, except for GPs which shows a small decrease.
- Despite the national challenges for primary care workforce the target is currently being met in Lincolnshire. However local feedback suggests that a further 'deep dive' needs to be conducted in all professions to combat an ageing workforce, the expectation for increased flexibility and part-time working, and overall multi-disciplinary options to attract, recruit and retain our workforce for the future.
- Work is still being undertaken with PCNs to increase quality/maintenance of data sources and utilisation of business intelligence to allow pipeline challenges to be identified and solutions co-produced.

ARRS Roles, Impact Assessment & Recommendations

Additional Roles Reimbursement Scheme (ARRS) is a summary term used to refer to a range of new, centrally funded roles which allow PCNs to establish multi-disciplinary teams to provide more integrated health and social care services locally.

NHSE established ARRS as part of the Primary Care Network Directed Enhanced Service (DES) on 1st July 2019. The DES included the following 2 roles:

- Clinical Pharmacists
- Social Prescribing Link Workers

From April 2020 the roles available through ARRS funding were extended to include:

- Pharmacy Technicians
- Health and Wellbeing Coaches
- Care Co-ordinators
- Physicians Associates
- First Contact Physiotherapists
- Dieticians
- Podiatrists
- Occupational Therapists
- Nurse Associates
- Trainee Nurse Associates

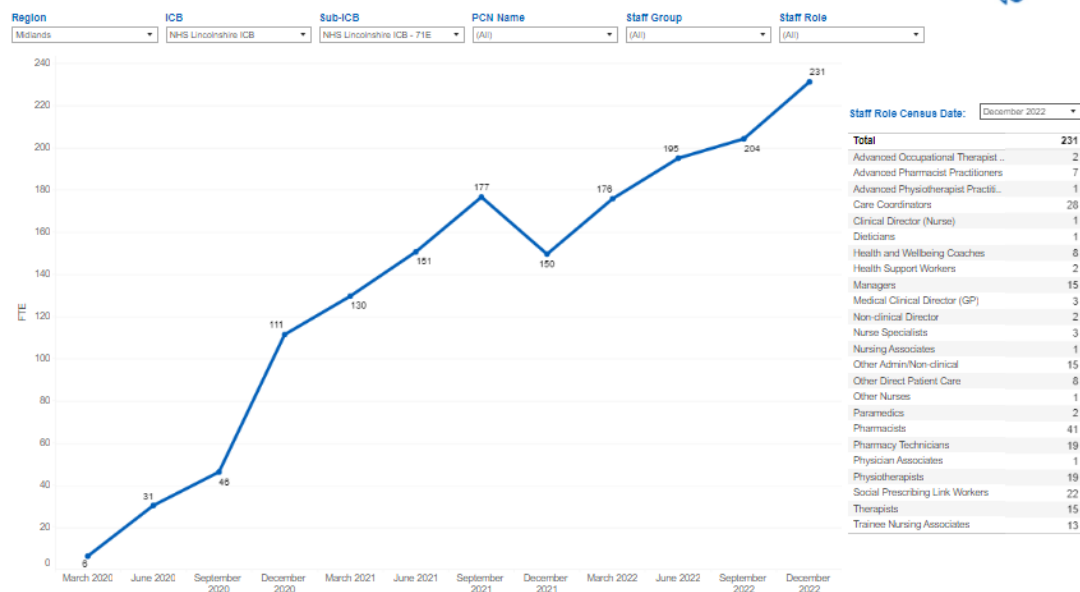
This was then further expanded in 2021 with the introduction of:

- Advanced Clinical Practitioners
- Paramedics
- Adult Mental Health Practitioners
- Children and Young People Mental Health Practitioners

The following details the number of ARRS roles as of December '22:

PCN Workforce reported by NHS Digital

This view counts the Primary Care workforce employed by Primary Care Networks.



It is the intention of the DES that the ARRS roles will support the service delivery of the specifications within this, which include Enhanced Access, Medication Review and Medicines Optimisation, Enhanced Health in Care Homes, Early Cancer Diagnosis, Cardiovascular Disease Prevention and Diagnosis, Tackling Neighbourhood Inequalities, Anticipatory Care and Personalised Care (PCN DES 22/23).

The ARRS funding has grown from £1,181,019 in 2019 to £14,587,734 in 2023/4 however year on year there has been a significant underspend on ARRS roles in Lincolnshire and this has in part been caused by several factors including:

- Lack of available workforce
- Recruiting within the maximum reimbursable amounts
- Workforce retention
- Impact of Covid and focus on core contractual requirements in primary care along with delivery of Covid response from March 2020
- Prioritisation of Covid vaccination delivery from January 2021

There is a great opportunity to create additional capacity in primary care through ARRS funded roles. However, there are many challenges in doing this and because of the multiple demands on them, many PCNs do not have the skills or capacity to achieve the maximum impact of the ARRS funding and benefits the roles can bring.

Recommendations have been made to increase the uptake and impact of ARRS roles:

- PCNs develop a clear vision and strategy including clear objectives for ARRS roles and support with workforce planning.
- ARRS profiles be raised and integrated within the PCN, and estates provision made.
- Support PCNs with recruitment and retention, including resources and wider integration.
- Contracting advise and support for PCNs who wish to contract directly with other providers rather than via the ICB.
- Provide benchmarking and transparency of additional costs associated with ARRS roles and robust financial processes and support in place.
- Provide advice and support to PCNs regarding appropriate structures and process for clinical supervision, TNAs, Training, Policy development, peer networks and communities of practice.
- Support PCNs to develop plans for staff engagement, opportunities to streamline back-office functions and identify efficiencies from digital technology.
- Work with other providers to create opportunities for dual roles that can help attract and retain workforce, review roles where uptake is low or zero and understand whether there is an opportunity to develop and promote these, work collaboratively with other providers to develop workforce strategies to encourage recruitment and retention to and in the Lincolnshire system, rather than compete for roles within a limited pool.

It is acknowledged that there are already actions in place that address some of these recommendations, for example, the commissioned support for PCNs to develop their estates strategies and a local process to support ARRS budget planning. However, there is still a lot more work that could be done to help realise the full potential of the ARRS allocation and the recommendations form part of the forward work programme supporting this Primary Care People Plan.

Strategic Partnership Boards

A programme is being implemented to develop Strategic Partnership Boards that will lead and manage provision of local integrated health and care services. Strategic Partnership Boards have been established in 3 early adopter PCNs (Boston, First Coastal and South Lincoln Healthcare PCNs) and they are working within an agreed framework to identify key priorities for their local populations. When fully established, Strategic Partnership Boards will have the autonomy to determine how to make best use of the collective resources available, to address health and care needs for their local population.

The objectives of the boards are as follows:

1. Decision making based on local population need with the authority to commit collective resources at a local level.
2. Services that are collaboratively designed by local experts.
3. More accessible, more compassionate, and higher quality care that is valued and supported by the local population.
4. Addressing Health Inequalities.
5. Integrated service provision driven by population health needs.
6. Care that is delivered by the person with the most appropriate skills.

A review of the progress to date is currently underway and recommendations regarding the further development and roll out of Strategic Partnership Boards across Lincolnshire will be presented to the PCNA and stakeholders in early Spring.

Primary Care Workforce Priorities Year 1

Overall, the Primary Care People Plan will support the 4 Themes and 10 Objectives agreed at the LICS People Board. However, in Year 1 there will be increased focus on urgent and important workforce challenges:

1. Addressing workforce capacity and capability shortages by improving workforce planning and identifying critical gaps and pipelines.
2. Conduct a 'Deep Dive' on current Attraction, Recruitment & Retention activities, reviewing what is working well and what could be done differently and collectively to help build capacity.
3. Co-design and put in place the appropriate infrastructure and support to enable all PCNs to evolve into integrated neighbourhood teams.
4. Support Primary Care to be a great place to work and enable individuals to reach their potential.

Primary Care Workforce Programme

The Primary Care People Plan will be supported by a work programme split into the 4 LICS People Board themes with named leads:

1. Growing our People
2. Valuing our People
3. Developing our People
4. Retaining our People

The detailed activities for each theme and priority are found on separate tabs within the work programme:

Theme	Priority	Objective <small>For associated activities, view relevant tabs.</small>	RAO Status - Select <small>From Dropdown menu (Click the menu on relevant tab for more details)</small>	Target Completion Date	Lead Person
GROWING OUR PEOPLE	1	Workforce planning			
	2	Attraction (incl Rural & Coastal Transformation)			
	3	Growing wider workforce as a system (incl collaborative bank, volunteers)			
VALUING OUR PEOPLE	4	Belonging			
	5	Looking after our people			
DEVELOPING OUR PEOPLE	6	Apprenticeships			
	7	Education and learning			
	8	Leadership and talent			
RETAINING OUR PEOPLE	9	Digital readiness			
	10	Retention programme			

To view the work programme in full, click here: [Primary Care People Plan - Workplan v1.0](#)

The Primary Care People Plan is planned to go live in April 2023 after approval at the March PCPG, and activities are planned within the following delivery timeframe:

- **Tactical:** Immediate transactional improvements e.g., addressing workforce gaps; improving workforce planning/datasets; attracting, recruiting, and retaining staff – **0/Year 1**
- **Operational:** Continuous improvement: questioning how we can deliver the same service better e.g., use of ARRS; New Ways of Working, Autonomous practitioners, working with the wider system - **Years 1 & 2**
- **Strategic:** Transformational change: re-thinking the whole system and pathway; questioning, left shift, long term investment in roles – **Years 3+**

Reporting against this plan and the PC Workforce Programme will be at the bi-monthly PC People Group meetings under a standing agenda item.

The plan will be refreshed at 1-year intervals commencing in April every year up to the 3-year lifecycle, unless more urgent updates are required. The Plan should be read in conjunction with the following:

- Digital delivery Roadmap - [Roadmap 22-23 - PC Digital Delivery](#)
- Communication & Engagement Plan - [PCPP Comms and Engagement Plan v3](#)
-

An Equality Impact Assessment has been conducted to support this plan and can be found here: [Equality Impact Assessment PCPP v1.0](#)

Links to key partner websites can be found below:

Partner	Website
LMC	Lincolnshire LMC: Working for GPs in Lincolnshire (lincsllmc.co.uk)
LTH	Supporting primary healthcare teams - Lincolnshire Training Hub
LLDC (Lincolnshire Local Dental Committee)	Ldc Lincolnshire Local Dental Committee England (lincsldc.com)
LLPC (Lincolnshire Local Pharmacy Committee)	Community Pharmacy Lincolnshire – The voice of Lincolnshire NHS pharmacies
LLOC (Lincolnshire Local Optical Committee)	https://www.loc-online.co.uk/lincolnshire-loc/

For general enquiries regarding this plan or primary care workforce please contact: licb.pcwt@nhs.net

Ambition – “Building Capability and Capacity for today and the future”

Primary Care Workforce Priorities Year 1

1. Addressing workforce capacity and capability shortages by improving workforce planning and identifying critical gaps and pipelines.
2. Conduct a 'Deep Dive' on current Attraction, Recruitment & Retention activities, reviewing what is working well and what could be done differently and collectively to help build capacity.
3. Co-design and put in place the appropriate infrastructure and support to enable all PCNs to evolve into integrated neighbourhood teams.
4. Support Primary Care to be a great place to work and enable individuals to reach their potential.

Primary Care Workforce Programme

Themes and Priorities

Growing our People

1. Workforce planning.
2. Attraction
3. Growing wider workforce as a system

Valuing our People

4. Belonging
5. Looking after our people

Developing our People

6. Apprenticeships
7. Education and learning
8. Leadership and talent
9. Digital readiness

Retaining our People

10. Retention programme including flexibility and cost of living

Primary Care People Group

4 Pillars of Primary Care

General Practice

Dentistry

Optometry

Pharmacy

Reporting To

PCN Alliance

Primary Care, Community & Social Value Steering Group (LICB)

LICS People Board

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