

Written evidence submitted by The Practice Management Network (EPW0067)

The Practice Management Network (PMN) is the recognised collaborative of senior practice managers, practice manager partners and experts in strategic practice development. Founded in 2005, their Board members provide expertise and advice, with the benefit of organisational memory, to a variety of NHS organisations including NHS Digital and the National Association of Primary Care. PMN has a strong patient focus thanks to a memorandum of understanding with the National Association for Patient Participation.

The PMN Board is well placed to support the Panel’s interview programme. The collective expertise includes but is not limited to:

- Wealth of knowledge on primary care and general practice
- Intelligence on the impact of central policies on primary care and patients
- Organisational memory for general practice, primary care and NHS strategy
- Over 100 years’ leadership experience in primary care

PLANNING FOR THE WORKFORCE 26,000 more primary care professionals

Our response focuses on two elements of the workforce types in primary care.

- Additional Roles Reimbursement Scheme (ARRS)

Was the commitment met overall?	
Did the commitment achieve a positive impact for patients and service users? (Indirectly through impacting workforce)	
<i>3. What category of staff, patients and service users have benefitted? And why</i>	<p>Patients with social needs benefited from Social Prescribing Link Workers to direct them to support and activities that may benefit them. These patients often do not need more of the medical model.</p> <p>Patients with complex prescribing needs benefited from in-house medication reviews by pharmacists.</p> <p>Musculoskeletal problems. Ease of access to first contact physiotherapists and freeing up GP appointments.</p>
<i>4. Have some staff, patients and service users been adversely impacted by the commitment and its implementation?</i>	<p>Practice Managers as having to manage some staff not directly employed by the practice.</p> <p>Split of responsibility and authority</p>
Was it an appropriate commitment?	
<i>1. Was (or is) the commitment likely to achieve meaningful improvement for health and social care staff and/or the health and care system as</i>	<p>May improve access to appropriate services for some patients. Needs central data on effectiveness on primary care system and</p>

<i>a whole?</i>	impact on appointment types and overall access.
<i>3. Has the commitment had unintended consequences?</i>	<p>Yes. Roles not employed directly by a practice but hosted within a practice team can cause managerial problems. The practice manager may have the responsibility for the day to day support of ARRS worker but the contract authority is out with the practice.</p> <p>Possible accrued employment liabilities at practice level. Putting risk on small dependent contractor businesses which are already under financial and staffing pressures.</p> <p>Mismatch in funding for the roles allowed. This rigidity meant that roles needed in certain areas could not be recruited. The funding was lost if the approved roles were not appointed.</p> <p>Training and support needed for the new roles at a time when general practice has no capacity for this.</p> <p>Idea was for flexibility to support new roles delivered from general practice to support local populations. However it the scheme is inflexible and has caused increased system bureaucracy.</p>
<i>6. How has working to those commitments affected other aspects of care?</i>	System impact. Recruitment of in house pharmacists may have had reduced recruitment to community pharmacies. Staff shortages now being reported.

- New to Partnership Scheme – Practice Manager exclusion

In October 2021, GP practice managers were excluded from the scheme that offers £20,000 to incentivise people to become partners in a practice, NHS England has confirmed, despite having previously stated they would be included.

Was the commitment met overall?	
<i>2. Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met?</i>	Practice managers were excluded from the scheme, whilst often less experienced in primary care clinical staff were accepted for the financial incentive and support.
<i>3. To what extent has the Covid-19 response affected progress on targets?</i>	One of the unforeseen impacts of working through the Pandemic is that staff members want a better work life balance and say they want to live in the here and now. They are

	choosing to vote with their feet to earn similar or better wages for less stressful positions outside healthcare. For established staff, the goodwill has often gone, so they don't want additional stress and are more likely to retire early or move on.
Did the commitment achieve a positive impact for patients and service users? (Indirectly through impacting workforce)	
<i>3. What category of staff, patients and service users have benefitted? And why</i>	Clinical staff members in general practice are eligible for the scheme.
<i>4. Have some staff, patients and service users been adversely impacted by the commitment and its implementation?</i>	Disenfranchisement of some practice managers who were excluded from the scheme.
Was it an appropriate commitment?	
<i>1. Was (or is) the commitment likely to achieve meaningful improvement for health and social care staff and/or the health and care system as a whole?</i>	Need data on increase in partners at GP practice level to establish impact. Parallel is that most GPs are now either employed as salaried or work as independent locums.
<i>3. Has the commitment had unintended consequences?</i>	An example of how this critical management role is often undervalued or unrecognised by the wider NHS. Practice managers are the leaders, lynchpins and organisational continuity of many GP practices. Given that the GP workforce is shifting to be flexible, the consequence is that someone has to hold it all together

WELLBEING AT WORK

[Supporting our NHS people](#)

National programmes that aim to support organisations and leaders to look after the health and wellbeing of their colleagues. 'Looking after you too': Primary care coaching offer.

Did the commitment achieve a positive impact for patients and service users? (Indirectly through impacting workforce)	
<i>2. Will (or have) staff, patients or service users benefit(ed) directly, indirectly or both?</i>	Staff can access these support services freely and in confidence. Being online or by telephone worked given the pandemic. Free access to wellbeing Apps e.g. Headspace and Unmind. Better staff wellbeing delivers better patient care.
<i>3. What category of staff, patients and service</i>	Services available to all primary care team

users have benefitted? And why

members with a dedicated coaching offer for primary care staff. Clinical and non-clinical staff able to access.

The Practice Management Network Board

Vanessa Young

Co-Chair PMN
Practice Manager

Sandra EA Gower FRCGP (Hon)

Managing Partner
Trustee, National Association for Patient Participation

Alison Sample

Practice Systems Manager
Former Practice Manager

Moira Auchterlonie

Primary Care Consultant
Patient Leader & Lay Reviewer

Steve Donlan

Co-Chair PMN
Management Partner

Val Hempsey

BA, Prof. Cert in Management, AMGP Diploma,
Accredited Manager
PM Consultant, Former Sole Partner

Myra Upton

President, AMSPAR

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