

**NW London STHA Teaching PCT Conference 27<sup>th</sup> Sept 2005-09-29**  
**Commissioning a Patient Led NHS workshop**

**What are the opportunities for Education and Training, Recruitment and Retention presented by Commissioning a Patient Led NHS**

- Liberation for Careers
- Freedom to think differently
- Community Matrons will hold the holistic concept of care
- Through Practice Based Commissioning , commission holistic, locality based care - “cluster thinking”

The KSF supports this type of “cluster thinking”

- The opportunity to make care more holistic - e.g. diabetes care within the cluster
- Any member of the team can fill the gaps if someone leaves
- Train doctors nurses and therapists together

Education and Training written into SLA's with providers and monitored – e.g. a multiplicity of providers will be expected to provide training for post and pre registration professional staff in primary care. They should be expected to have clinical instructors – look to some of the models in local government

Written into SLAs with providers are targets for recruitment of local workforce – e.g. 30% of local workforce recruited against the KSF

**What are the threats for Education and Training, Recruitment and Retention presented by commissioning a patient led NHS**

- flexible working and skill mix already threatening professional boundaries
- possible erosion of professions
- fear of thinking differently
- GPs will need support/values/technical ability around decision making with regard to PBC
- Accountability for patient safety where will this sit?
- Risk of going away from holistic care at home
- Increased fragmentation of care
- Providers not willing to provide education and training clinical placements for future primary care staff – doctors nurses therapists
- The concept of the family doctor practice is thrown up into the air
- Danger of production line care
- Major threat - lack of communication
- What is the currency on competency – Training is not measured, and no-one to follow it through

- Private contractors do not usually provide training

**At what level will be the most effective to drive recruitment and retention education and training of primary care staff?**

*Practice Based Commissioning Clusters* – clinical placements for GPs and practice staff plus to commission local clinical placements for other primary care staff in SLA's and ensure providers commission skills from local people

*Borough* – health and social care education integrated – local skills development

*Multiborough/PCT* – sharing skills/monitoring quality of education,

*London wide* - triangular communication between universities, PCT's and LW STHA on workforce planning for London and sensible commissioning of professional education to meet London primary care needs

Use public health and demographic data to inform workforce planning London wide

What gets measured gets done – London wide targets for education and training and workforce planning

**What was the vision of the workshop for education and training and workforce planning in London?**

The London factor – housing and “danger money” – a differential payment

Pull together expertise around recruitment London wide

Stability across London boroughs

How fluid is the patient population - up to 30% turnover – this needs to be taken into consideration

Don't throw the baby out with the bath water – ensure we use the systems we already have – mentoring, shadowing etc.

London wide - Use public health and demographic data to develop targets for workforce planning and competencies for professional education and training and then commission the universities London wide
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