Annex E: Technical Guidance: People 2020/21

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Contents

1. Introduction

This guidance document outlines the submission process for the primary care and provider workforce returns in the 2020/21 Operational Planning round.

The purpose of this document is to update providers and commissioners on the process for producing and submitting operational plans and to provide guidance on the operational plan templates being used this year.

For provider workforce plans, submissions will be made via the submission portal used in previous years. This year, a new separate submission of workforce plans will be required for the primary care workforce, to be submitted via the Strategic Data Collection Service (SDCS). This document covers the guidance and process for both collections.

2. About NHS England and NHS Improvement and Health Education England

From 1 April 2019, NHS England and NHS Improvement are operating as a single organisation. We are not simply bringing together two organisations: although the current legislation hasn't changed, we will act as a single entity. NHS England and NHS Improvement is responsible for overseeing foundation trusts and NHS Trusts. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS England and NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Health Education England (HEE) invests £1.9 billion annually in education and training to support the development of the workforce and is responsible, on behalf of the system, for leading the development of workforce solutions. To invest optimally and develop effective solutions, the system requires robust intelligence on workforce supply and demand.

The workforce information that the NHS England and NHS Improvement and HEE joint collection requires through the operational planning process provides detailed evidence on current workforce shortages. Further data will be sought through the strategic planning process. Together, this data will inform our plans to support you in the future. HEE will use the information in your organisation's return to model supply versus demand. Aggregated data will be combined and made available through local workforce advisory boards to support discussions with sustainability and transformation partnerships and other regional stakeholders, and from there identify workforce risks and mitigations.

3. 2020/21 Workforce planning technical guidance: Providers

3.1 Introduction

NHS England and NHS Improvement continue to work together to ensure that trust planning requirements identify the workforce planning requirements for delivering patient services. This is designed to ease the burden on trusts but also align short-term planning needs with longer-term within their respective systems.

All providers are responsible for ensuring workforce plans meet future requirements while aligning with activity and financial needs to deliver care to patients. Each arms length body will review providers' submissions in accordance with its role in the health system, while also collaborating on overall planning requirements for the NHS. This document details specific changes to the template, which we recommend you consider before completing the template and submission of workforce plans.

This year, a new separate submission of workforce plans will be required for the primary care workforce and an additional process and guidance are included.

Information governance requirements on the collection of data from acute, specialist, mental health, community, and ambulance trusts relating to annual operational and strategic planning, intended data uses and further sharing are included in the relevant templates.

3.2 NHS England and NHS Improvement operational plans: summary of changes from the 2019/20 template

Link to your system's strategic plan

- We expect you to understand the link between your operational plan and the 2020/21 plan shown in your system's strategic plan. In table 2 of tab '1. Summary' the operational plan position is tested against your final position in the Strategic Planning Tool (SPT), you will be required to explain any differences in the following categories
    - All Medical and Dental Staff (Maincode 01SUMWTECOMMENT, Subcode WTE2000)

- All Non Medical – Clinical Staff (Maincode 01SUMWTECOMMENT, Subcode WTE2010)
- All Non Medical – Non-Clinical Staff (Maincode 01SUMWTECOMMENT, Subcode WTE2020)

- Validations have been added to ensure commentary is included where any differences exist
- Table 2 of tab '1. Summary' maps SPT values to operational plan values for each staff category. The staff categories are shown in column B, SPT values are pre populated in column F and operational plan values are calculated in column G. Any variance is then calculated in column H and I.
- Strategic plan values are prepopulated using the data collected in the 'Provider Workforce' tables included in the SPT.

Data sharing statement

- Updated Information governance statement added to template and associated check box with validation.

3.3 Planning requirements 2020/21: overview and contacts

The operational workforce plan is designed to capture workforce information that forms part of the provider's integrated plans. This submission is intended to collect one-year operational workforce plans. For 2020/21 the workforce plan is profiled for each month, including 2020/21 forecast outturn values.

Submissions should be prepared in accordance with this guidance and aligned with the finance plan submission.

Table 1: Summary of sections in the operational workforce plan

Workforce planning tab	Summary
Cover	Contains trust name, contact details in the event of query and executive sign-off.
Information	Provides information relating to the template's format and structure.
Data sharing statement	Updated Information governance statement added to template and associated check box with validation.

Workforce planning tab	Summary
0. Self Cert	Trusts sign off their plan submission. The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.
1. Summary	This tab is intended to provide a high level overview of the workforce plan and is dynamically linked to other areas of the template and therefore does not require trust data input. A reconciliation between the operational plan and strategic plan is tested on the summary tab, differences must be explained.
2. WTE	Substantive, bank and agency WTE forecasts by staff group and by professions.
2a. WTE Chart	Provides high level analysis on the WTE key trends for substantive, bank and agency staff.
3. Hosted	Hosted staff (where applicable) WTE forecasts by staff group and professions.
8. KPI	Includes year-end targets for mandatory training and appraisals and 12-month rolling totals for sickness and turnover.
10. A&E	Substantive, bank and agency WTE forecasts by staff group and profession for A&E.
10a. A&E Chart	Provides high level analysis on the A&E workforce.
11. Transformation	Substantive WTE forecasts for transformational roles and apprenticeships.
12. WTE Bridge	Captures WTE movements across several categories that are in line with the finance bridge.
12a. WTE Bridge Chart	Provides a graphic representation of the movements described in the WTE bridge.
13. Subsidiaries	This should be used if your Trust records the pay costs relating to a subsidiary in the finance returns under the group accounting principles relating to IFRS 10.
Validations	Summary of any errors highlighted, to be cleared before final submission.

If you have difficulty clearing any validation errors or general queries about inputting data, please contact: england.workforceplanning@nhs.net.

For submission portal queries, i.e. obtaining access to the submission portal or resetting a password, please contact it.support@improvement.nhs.uk. You can also use this email contact if you have any new users who require access to the portal.

3.4 Template Sections

3.4.1 Cover Section

This section will already carry trust identifying details including the organisation (org) code, which is the unique identifier for your trust. You are required to provide contact details of who has completed the template (this named individual will act as primary contact during the submission process). The contact details of the authoriser should be recorded as detailed in Section 4 of this guidance.

3.4.2 Information Section

This section provides information on the template's structure and format. In this section you will be able to identify:

- editable cells – current year input, comparative year input, next planning year input
- protected cells – including no input, pre-populated, calculated and information buttons
- expected signs – specified as positive or negative
- pre-submission checks – these include a series of validation checks which help identify where there may have been an input error or adverse data.

3.4.3 Self-certification (tab reference '0. SelfCert')

The trust lead needs to complete this. This person is expected to be at trust executive director level, with lead responsibility for workforce planning.

By authorising the plan, the executive director confirms it is a true reflection of the organisation's workforce plan and reconciles with both finance and activity plans in all relevant aspects.

3.4.4 Summary (tab reference '1.Summary')

This section provides a high-level summary of the trust workforce plan and provides a quick reference overview for use by both the trust and NHS England and NHS Improvement.

It specifically details the end-of-year position for the previous year (31/03/2020) and the period ending the planning collection (31/03/2021).

The narrative presented on the form reflects the corresponding cell to which narrative has been input in the respective area of the form.

As detailed in section 2 of this guidance, table 2 of the summary tab tests the operational plan position against your final position in the Strategic Planning Tool (SPT), you will be required to explain any differences in this table.

This sheet does not require input with trust data as it is dynamically linked to other data inputs in the template. You are only required to enter commentary in table 2 where there are differences between the operational plan and strategic plan values.

3.4.5 Provider WTE staffing forecast section (tab reference '2. WTE')

This section collects whole-time equivalent (WTE) forecast information by staff and professional groups for substantive, bank and agency staff numbers.

Substantive staff WTE should be based on WTEs from the electronic staff record (ESR), or similar workforce system, adjusted for:

- secondments in and secondments out
- recharges in and recharges out
- staff provided or received through provider-to-provider contracts.

In each case the forecast outturn should be the 2019/20 (as at 31 March 2020) WTE staff-in-post position.

The monthly 2020/21 forecast WTE should be aligned with the 2020/21 pay spend plan position submitted in the finance plan submission.

The all-staff total in line 11 of the template represents the total planned total workforce. The substantive staff section should represent planned substantive staffing levels, while any staffing gaps between the substantive position and total planned workforce should be captured in bank and agency figures to indicate how the shortfall is planned to be filled.

'Of which' categories – all roles need to be included within the main staff group heading and then separated out beneath as an 'of which' category. For example, 'Maternity services' – all qualified roles working in a maternity service should be included in this line, including registered midwives and neonatal nurses. Then beneath this, the WTE

needs to be captured as an ‘of which’ for registered midwives and neonatal nurses. The formula has been set up to ensure the WTE captured for the individual roles is not included in the overall maternity services line. For example, a trust might record a WTE in the forecast outturn column of 100 WTEs for its maternity services, of which 30 WTEs are registered midwives and 10 WTEs are neonatal nurses.

For each heading, the trust is required to provide the planned monthly profile of WTEs for the 2020/21 financial year.

The difference in WTE changes will trigger a section for mandatory commentary, and the trust is required to give a narrative description to explain the WTE change.

Where a monthly profile includes multiple changes, the trust should describe each change.

Where commentary remains optional, the trust can still add narrative to explain a change. This narrative will also complement the summary tab as detailed in Section 6.

Occupational codes are mapped against each of the roles and have been included as a guide for trusts.

2a. WTE Chart provides high level analysis on the monthly WTE key trends for 2020/21 for substantive, bank and agency staff.

3.4.6 Hosted staff (tab reference ‘3. Hosted’)

Several trusts will host staff via their electronic staff record (ESR), the template includes a section which enables the recording of WTE staffing levels for hosted staff.

Examples of this can include:

- a trust that hosts doctors in training for the local area while the junior doctors undergo rotation with several providers as part of their training; this section offers an opportunity to highlight this element of the workforce to ensure trusts providing this service are easily identifiable when cross-checking against productivity metrics

- pathology services across a large geographical network: for example, West Midlands as a region may have 1,000 WTE staff recorded on its ESR system for payroll purposes, but the 1,000 WTEs work in different trusts across the West Midlands providing pathology services; these staff would be recorded under the hosted tab as they are not contributing to service delivery within the trust but need to be captured as a workforce and balanced in the finance submission.

In each case the 2019/20 forecast outturn should be the 2019/20 (as at 31 March 2020) baseline WTE.

For each heading, the trust is required to provide the planned monthly profile of WTEs for the 2020/21 financial year.

Where such staff provide services to the hosting trust, these should be reflected in the rest of the template consistent with previous workforce planning submissions. This section is intended to give trusts the opportunity to reflect the staffing levels recorded on the trust's ESR system for hosting purposes.

3.4.7 A&E (tab reference '10. A&E')

This section has been included to capture staff working specifically within A&E departments and should be treated as an 'of which' section of the WTE tab.

Include staff who specifically work across type 1, type 2, type 3 A&E departments and children's A&E if applicable.

10a. A&E Chart provides high level analysis on the A&E workforce, including the substantive, bank and agency workforce, broken down by staff group.

3.4.8 Transformation (tab reference '11. Transformation')

Under the transformation tab we are collecting the transformational roles in your trust, as defined below, and the apprenticeships at a staff group level. These roles will be included within the relevant staff groups in the WTE tab and should be treated as an 'of which' section of the WTE tab.

Advanced clinical practitioner: advanced clinical practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and occupational therapy. They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients.

Physician associate: physician associates support doctors in diagnosing and managing patients and work across a range of areas, including primary care.

Nursing associate: nursing associates are new members of the nursing team who will provide care and support for patients and service users. This role is being used and regulated in England and is intended to address a skills gap between healthcare assistants and registered nurses.

Apprenticeships: please include under the relevant staff group the apprenticeships in your trust.

3.4.9 Bridge (tab reference '12. WTE Bridge')

The WTE Bridge tab creates a strong link between the reasons for WTE changes described in the workforce operating plan bridge and the reasons for pay cost changes described in the finance operating plan employee expenses bridge.

The workforce and finance plan bridges are brought together in the triangulation tool, with a pilot workforce and finance bridge comparison. You are encouraged to review this comparison once both returns are complete to understand whether the planning assumptions described in the two forms appear consistent. The triangulation comparison also includes the opportunity to provide voluntary commentary. By completing this commentary, especially where the bridges do not appear to align, you will help NHS England and NHS Improvement develop this bridge approach in future years.

The workforce bridge starts with the M12 forecast outturn year WTE data. It enables you to describe your planning assumptions by comparing this to the M12 plan year WTE data and asking you to categorise the difference using the categories available. These categories map directly to those available in the employee expenses bridge in the finance operating plan.

Commentary boxes are available throughout the WTE bridge. You must use these wherever a value is input to explain the reason for the WTE change. An overall commentary is also required for each category for which you input values in the bridge. A validation failure will be triggered for any input cells where you include a value, as well as any overall category, until you provide a commentary. NHS England and NHS Improvement uses these commentaries when assessing the basis of the workforce plan.

Commentary relating to the overall columns is always shown on the face of the bridge in row 28. Commentaries relating to specific cells in each column can be hidden/expanded as required using the 'group' buttons at the top of the workbook.

The categories included in the WTE bridge, as well as how they map to the finance employee expenses bridge (where appropriate), are described below:

- FOT Year M12 (Column F): this data is linked directly from the 2. WTE tab and is prepopulated in the bridge. This forms the start point of the bridge analysis.

- Remove NR staffing impact on M12 of FOT year (Column G): this column allows you to remove non-recurrent staffing numbers present in the M12 FOT WTE data that would not be present in the M12 plan year data. Please bear in mind this is an adjustment from M12 of the FOT year to M12 of the plan year, rather than the start of the plan year.

A typical example of an appropriate non-recurrent adjustment would be staff who were present on fixed-term contracts in M12 of the FOT year who would not be present in M12 of the plan year. This would be reflected as a negative WTE movement against the relevant staff categories. Another adjustment you may wish to make might be to recognise a change during the plan year to the approach to staffing: for example, a move from agency or bank staffing to substantive. In this example, you might include a negative adjustment against the agency and/or bank staffing categories and a positive value against the substantive staffing categories concerned.

- FOT Year WTE Recurrent (Column I): this is a calculated column which reflects recurrent WTEs rolled over into the plan year, having adjusted the FOT year M12 data for non-recurrent impacts.

- Underlying demand/volume changes 1, 2 and 3 (Columns J, L, N): these columns map directly to the finance 22. Employee expenses bridge subcodes BRG2230, BRG2240 and BRG2250, and both should be prepared on the same basis. In these columns, enter WTE changes to support activity change arising from demographic (e.g. growth in population, change in age profile) and non-demographic changes (e.g. disease prevalence, diagnosis and treatment rate).

- Redundancy and restructuring (Column P): this column corresponds to the finance 22. Employee expenses bridge subcode BRG2300, and both should be prepared on the same basis.

- Identified Efficiency (Column R): this column corresponds to the finance 22. Employee expenses bridge subcode BRG2461 and both should be prepared on a consistent basis. WTE changes described in this column are likely to be based on robust plans, unlike the 'unidentified efficiency' category below.

- Unidentified efficiency (Column T): this column corresponds to the finance 22. Employee expenses bridge subcode BRG2462 and both should be prepared on a consistent basis. WTE changes described in this column are likely to be based on a planning assumption rather than specific detailed plans.

- Service changes, transfers or developments 1, 2 and 3 (Columns V, X, Z): these columns correspond to the finance 22. Employee expenses bridge subcodes

BRG2470, BRG2480 and BRG2490, and both should be prepared on the same basis. These columns enable you to reflect service changes that commissioners start on or after 1 April each planning year. Also include any service transfers or tenders in that period.

- Other 1, 2, 3, 4, 5 (Columns AB, AD, AF, AH, AJ): these categories are specific to the workforce bridge only and allow you to capture reasons for WTE change that are not reflected in the other categories. Please include a full commentary explaining why they are required instead of the existing categories. NHS England and NHS Improvement will review the use of these categories and use this when developing both the workforce and finance bridges in future years.

- Total WTE at M12 Plan year (Column AM): this is a calculated column which reflects the adjustments throughout the bridge on the start point of M12 FOT year. This calculated field is compared to the WTE tab data shown in column BD, and if the value is different a validation failure will be triggered. This validation ensures you have fully described the WTE movements between M12 FOT year and M12 plan year in the bridge.

- Plan M12 WTE from 2. WTE tab (column AO): this data is drawn direct from the 2. WTE tab and is used to check that the values described in the bridge fully explain the movement from M12 FOT year to M12 plan year.

- Movement check (ColumnAQ): this is a calculated column which shows the difference between the calculated M12 WTE count described in the bridge and that shown in the 2. WTE tab. The values in this column will be nil for every line where the bridge correctly shows the full movement. Any values that are not nil will trigger a validation failure.

- Commentary checks (Column AT onwards): these checks include the details of all the validation checks to ensure that a commentary is included wherever a value has been input into the bridge.

The 12a. WTE Bridge Chart tab provides a graphic representation of the movements described in the WTE bridge table by category. It shows the bridging items moving from the M12 FOT year WTE, to M12 FOT year recurrent WTE and to M12 plan year WTE. It is provided as an opportunity to review the key drivers for movement in WTE between the FOT and plan years.

3.4.10 Subsidiaries (tab reference '13. Subsidiaries')

After engaging with a number of trusts a subsidiary tab was added last year to capture this workforce in a way that ensures your triangulation test is not impacted by removing

them from the WTE tab. If you are a Trust with a subsidiary organisation please can you complete the 13. Subsidiary tab with the 31st March 2020 forecast outturn and the planned monthly profile of WTEs for the 2020/21 financial year. An example would include where the Trust has a subsidiary organisation that provides estates and ancillary services to the trust. For the staff that are working within the subsidiary organisation these need to be recorded on the subsidiary tab, under the relevant staff group.

You should use the 13. Subsidiary tab if your Trust records the pay costs relating to that subsidiary in the finance returns under the group accounting principles relating to IFRS 10. The triangulation tool takes subsidiary tab WTEs into account in the triangulation of finance and workforce checks to remove the need for trusts to include them in the WTE tab.

3.4.11 Workforce KPIs (tab reference '8. KPI')

The trust must enter the baseline end-of-year forecast outturn for 2019/20 as a percentage rate, followed by a monthly 12-month rolling total for sickness and turnover and end-of-year target percentage for mandatory training and appraisal rates. It is assumed that the trust's year-end position is the trust board's approved target for each key performance indicator (KPI).

We recommend that in developing these forecasts no exemptions are applied to the information, including removal of staff on maternity leave, new starters and long-term sick. Providers should seek to understand trends and patterns in workforce KPIs and map these accordingly against planned levels of sickness absence, turnover and appraisal completion – i.e. seasonal fluctuations, attainment of pensionable age and impact on potential retirements. We envisage that planning in this way will enable the trust to plan resource to meet demand requirements, recognising increased workforce levels and mitigating reliance on agency staff by using bank staff.

We recommend that trusts do not set targets based on 1/12ths. Targets should be complemented by planned intervention and support to address levels of sickness absence, turnover and improved appraisal rates.

Variables such as workforce stability and sickness absence will be considered when reviewing the information. Where staff are seconded to another organisation, the trust should plan for the role if it has had to back-fill it or is recruiting to it, especially if the secondment is for more than a year.

Spaces for commentary have been provided for the trust to explain any exceptions or changes.

12-month rolling staff turnover: turnover is calculated as a rolling 12-month sum of the WTE of all leavers from a trust (i.e. the sum of the WTE of all leavers from a trust between March 2018 to March 2019). This 12-month rolling WTE sum is then divided by the rolling 12-month sum of the WTE of staff in post at a trust (i.e. the sum of the WTE of all staff at a trust between March 2018 and March 2019). The data includes substantive staff who leave the NHS and those individuals moving on to employment at another NHS organisation: i.e. it includes movement between trusts. This will not include inter-organisational transfers (TUPE). Fixed-term contracts are also included in the data. As an example, if the total WTE of all leavers during a 12-month period (March 2018 to March 2019) was 10, and the total WTE of all staff in post between the same period was 100, the turnover rate calculated for March 2019 would be 10%.

Total sickness absence: calculated by dividing the number of working days lost during the 12-month period with the total number of working days available during the 12-month period. For example, there may have been 50 days lost out of a possible 300 working days between March 2019 and March 2020, which equates to 16.67% for March 2020.

Staff appraisal: financial year-end target set for the completion of appraisals in the trust. For example, a trust may set a target of 85% completion of appraisals by 31 March 2020 and 88% by 31 March 2021.

Mandatory training completion rates: financial year-end target set for the completion of mandatory training in the trust. For example, a trust may set a target of 90% completion of mandatory training by 31 March 2020 and 92% by 31 March 2021.

3.4.12 Validation section

The template contains several validation checks on the internal consistency of information. All validations should be passed before submission. Please email: england.workforceplanning@nhs.net if you are unable to clear a validation before submission day. All validations will be described in the validation section and there are hyperlinks to each cell to reconcile and assist with the error clearance process. Please adhere to these guidelines to help minimise error:

- Avoid dragging and dropping as this can corrupt formulas; please use ‘copy’ and ‘paste special values’ for data extracted from other sources.

- The correct signage and currency must be used – e.g. WTE numbers; figures should be rounded to two decimal places.

- Ensure when submitting that data is not password-protected or linked to other workbooks. A macro is provided on the cover sheet which will break links to external data sources.

- Where no values are required, cells should be left blank or a zero value inserted; please do not write in 'NIL' or 'N/A'.

- Check the validation section summary to ensure all errors are cleared before submission.

- Ensure the header section has been completed with executive sign-off.

3.4.13 Triangulation data

A 'Triangulation Data' tab has been included in each planning template this year. It presents all data points used in the triangulation template. No input is required in this tab as the values in Column J are calculated automatically. The 'Triangulation Data' tab is for reference purposes only; no additional work is required. Column E shows the main code, and Column F shows the subcode for each data point, Column J calculates the relevant value. For each group of data points there is a link in Column L which takes the user through to the input cells being used to drive the data collected for triangulation.

3.5 Definitions

Vacancy

The variance between the reported whole-time equivalent (WTE) substantive staff in post and planned workforce levels. A vacancy is a post that is unfilled by permanent or fixed-term staff. Agency or temporary staff may fill some vacant posts. Total vacancy rates are a calculation of the total number of WTE vacancies with the total funded or budgeted establishment.

Forecast outturn

The predicted year-end staffing position, i.e. at 31/03/2020.

Planned data

The number of staff or the planned position (in the case of KPI data) the trust forecasts to be in post during the respective month of the plan. The plan should be phased appropriately over the year to represent forecast staff movements, i.e. periods of recruitment.

Hosted staff

Staff who are on the electronic staff record (ESR) at an organisation but do not directly deliver services for the organisation. For example, junior doctors maybe on ESR at Trust A but deliver care at Trust B.

4. Primary Care Workforce Technical Guidance

4.1 Introduction

1. This template collects planning trajectories for the primary care workforce.

2. Data is required at ICS/STP level and will be submitted by a lead CCG for the ICS/STP. Only lead CCGs will be able to see the tables on this tab.

3. ICS/STPs and lead CCGs are expected to consult with Primary Care Networks and Primary Care Training Hubs in developing these plans, working through the ICS/STP level training hub for the area.

4. Submitters are requested to provide inflow and outflow data for each staff group, giving a trajectory over the course of the year.

5. Further information on the measures for collection are detailed within this annex.

6. Note: As part of the forthcoming GP Contract update a separate but aligned process is being designed. This will include provision of an additional template to support planning at PCN level to facilitate conversations between ICS/STP, training hub and PCN. Once complete, this will be made available through the FutureNHS platform; https://future.nhs.uk/primarycaredata/grouphome as well as directly to PCNs. Publication of the template will align with the final agreement of the GP Contract.

Validations

1. No visible cells should be left blank, and all headcount figures must be entered in whole numbers. Participation rate should be a number between 0 and 1 (except for registrars).

2. Full Time Equivalent (FTE) is the term used in primary care as this is the term used by NHS Digital.

3. FTE is then derived as a product of the headcount and participation rate.

4.2 New this year

Functionality:

1. In 2019/20, primary care workforce plans were collected as part of the commissioner activity plans. For 2020/21, the primary care workforce plan is a separate submission, and is being collected using NHS Digital's Strategic Data Collection Service (SDCS).

2. 2020/21 was the first year of the long term and strategic plan and it is expected that this should provide an indicative basis for agreeing the operational plan. Where relevant, strategic plans are included for reference and any variance must be explained in the comments section.

Measures:

1. In general, measures from 2019/20 have been included again this year. New measures include the collection of specific trajectories on:
    - Social Prescribing Link Workers
    - Paramedics
    - Pharmacy technicians
    - Physiotherapists
    - Other Allied Health Professionals

2. Inflow data for GPs has been simplified in terms of national schemes, with new categories for fellowships (GPs and nurses) and return to practice (nurses only).

3. Data is no longer required on GP Trainees. Data on registrars are being reported separately.

4.3 Strategic Data Collection Service (SDCS)

In 2019/20 primary care workforce plans were collected as part of the commissioner activity plans via SDCS. In 2020/21 the primary care workforce plan is being collected independently but still via SDCS.

All submitters should receive an invitation to sign up to the SDCS service shortly before the window opens, if you are not already set up on the system. If you do not receive this invitation before the window opens please contact the NHS Digital Data Collections team to request a log in[1].

Data can be submitted at any point once the submission window is open via the SDCS website[2]

[1] The data collections team can be contacted at data.collections@nhs.net
[2] https://datacollection.sdcs.digital.nhs.uk/

Guidance on the SDCS system can be accessed on the NHS Digital website[3]

4.4 Primary Care Definitions

Detailed descriptor

1. The ICS/STP primary care workforce plans are required for the following staff groups, GPs and wider workforce.
2. The wider workforce is comprised of the staff groups nurses, direct patient care roles and admin/non-clinical staff.
3. The staff groups are comprised of a number of job roles.[4] Specific information will be collected on the following job roles within the Direct Patient Care group:
    - Pharmacists
    - Physiotherapists
    - Physician associates
    - Paramedics
    - Pharmacy technicians
    - Social prescribing link workers
    - Other Allied Health Professional roles

Workforce data is collected as part of the workforce Minimum Data Set (wMDS). It is published on a quarterly basis by NHS Digital as "General and Personal Medical Services, England" data. The latest data published can be found on NHS Digital's website.

NHS Digital's National Workforce Reporting System also provides relevant reporting at ICS/STP, CCG and practice level. Further tools are also available through the Future NHS Platform.[5]

GPs

The number of full-time equivalent GPs, ('all practitioners') are from the wMDS (see above).

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent GPs ('All GPs'), all fully qualified GPs (excluding registrars), all regular GPs (excludes locums) and all qualified permanent GPs (excludes registrars and locums). Within these

[3] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/strategic-data-collection-service-sdcs

[4] Further details on the different job roles in the Workforce Minimum Dataset (wMDS) can be found at this link https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-reporting-system-nwrs-workforce-census-module

[5] Primary Care Workforce - Reporting Tool is available on the Future NHS Platform https://future.nhs.uk/primarycaredata/grouphome

groupings, data is also provided for: GP Providers, Salaried/Other GPs, GP Registrars, GP Retainers, GP Locums and not stated. The 'all fully qualified GPs' category should be used for this collection.

GP Registrars

The number of full-time equivalent GP Registrars, ('all practitioners') are from the wMDS (see above).

The NHS Digital publication includes GP registrars as a pre-aggregated level within the GP category. This level should be used for this collection.

General Practice Nurses

The number of full-time equivalent all Nurses, ('all Nurses') are from the wMDS (see above).

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent nurses ('All nurses') including the following job roles: Advanced Nurse Practitioners; Nurse Specialist; Extended Role Practice Nurse; Practice Nurses; Nursing Partners; District Nurses; Nurse Dispenser; Trainee Nurses, Clinical Director and not stated. The 'all nurses' category should be used for this collection.

Direct Patient Care

The number of full-time equivalent all Direct Patient Care, ('all Direct Patient Care') are from the wMDS (see above).

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent direct patient care ('All direct patient care') including the following job roles: Pharmacists; Pharmacy Technicians; Physician Associates; Paramedics; Social Prescribing Link Worker; Physiotherapists; and Health Care Assistants. The sum of these roles should be deducted from the overarching Direct Patient Care Category to support entry in this field.

Pharmacists

The number of full-time equivalent Pharmacists, ('Pharmacists') are from the wMDS (see above).

The NHS Digital publication includes data fields on full-time equivalent Pharmacists.

Physiotherapists

The number of full-time equivalent physiotherapists, ('physiotherapists') are from the wMDS (see above).

The NHS Digital publication includes data fields on full-time equivalent Physiotherapists.

Physician Associates

The number of full-time equivalent Physician Associates, ('Physician Associates') are from the wMDS (see above).

The NHS Digital publication includes data fields on full-time equivalent Physician Associates.

Paramedics

The number of full-time equivalent paramedics, ('Paramedics') are from the wMDS (see above).

The NHS Digital publication includes data fields on full-time equivalent Paramedics.

Pharmacy technicians

The number of full-time equivalent Pharmacy Technicians, ('Pharmacy Technicians') are from the wMDS (see above).

The NHS Digital publication includes data fields on full-time equivalent Pharmacy Technicians.

Social Prescribing Link Workers

The number of full time equivalent social care prescribing link workers, ('Social Care Prescribing Link Workers') are from the wMDS (see above).

The NHS Digital publication includes data fields on full-time equivalent Social Care Prescribing Link Worker.

Other Allied Health Professionals

The number of full-time equivalent other allied health professionals is not currently collected but can be partially sourced from the wMDS (see above) through the 'Other' category. This should be supplemented with local intelligence.

The NHS Digital publication includes data fields on full-time equivalent 'Other'.

Admin/non-clinical

The number of full -time equivalent all admin/non-clinical, ('all admin/non-clinical') are from the wMDS (see above).

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent admin/non-clinical ('all admin/non-clinical') including the following job roles: Managers; Medical Secretaries; Receptionists; Telephonists; Estates and Ancillary; Apprentice; and, other roles. These are non-clinical roles.

4.5 Lines within indicator (Units)

Data are taken from the quarterly NHS Digital publication "General and Personal Medical Services, England".

Inflow: This is headcount of the number of GPs, Nurses, Direct Patient Care and admin/non-clinical staff joining the workforce. For GPs and nurses, this is further split by recruitment / retention scheme.

Outflow: This is headcount of the number of GPs, Nurses, Direct Patient Care and admin/non-clinical staff leaving the workforce. For GPs and nurses, this is further split by those leaving due to retirement, moving to alternative settings (GPs only) and other reasons or otherwise reducing their time commitment.

Data definition: Data is collected from GP practices through the National Workforce Reporting System and the Workforce Minimum Data Set (wMDSC). Individual level information on all staff (GPs, Nurses, Direct Patient Care and Admin/Non-Clinical staff) employed at the practice and PCN level is collected as at March, June, September and December.

GPs, Direct Patient Care and admin/non-clinical are a staff group specified in the Primary Care web tool with detailed job roles which can be accessed on the NHS Digital website, under the National Workforce Reporting System.

Headcount is a count of the number of staff. This is a whole number.

Participation rate: A participation rate is the average Full Time Equivalent (FTE). In this case the participation rate is used to convert the headcount into an estimated FTE. It is the participation rate in relation to general practice and takes account of any estimated loss to general practice. Further information can be found in the ICS/STP

Workforce Supply and Demand Tool. [6] The participation rate is a number between 0 and 1 (with the exception of registrars due to their 40 hour contract being higher than the FTE definition of 37.5 hours. In these cases, the participation rate may be higher than 1).

Full Time Equivalent (FTE): is a standardised measure of the workload of an employed person. An FTE of 1.0 means that the hours a person works is equivalent to a full-time worker, an FTE of 0.5 signals that the worker is half time. This measure allows for the work of part-time staff to be converted into an equivalent number of full-time staff. It is calculated by dividing the total number of hours worked by staff in a specific staff group by 37.5.

Monitoring frequency: Quarterly.

Monitoring data source: All staff role data is sourced from NHS Digital 'General and Personal Medical Services, England. The latest data can be found on NHS Digital's website.

4.6 Alignment with strategic plans

A comparison is shown to the figures provided through the strategic planning exercise for 2020/21. A variance from the figures submitted in this return will trigger a data warning flag, encouraging a review of the figures. Organisations are required to include relevant explanations in the comments box provided.

4.7 Accountability

What success looks like, direction, milestones

All ICSs/STPs in England must have plans in place to maximise GP recruitment through all available channels and initiatives.

ICSs/STPs are expected to develop detailed plans for securing and retaining the multidisciplinary workforce of GPs and other health professionals needed. Key workforce targets will continue to be tracked and ICS/STP level plans should continue to grow resilient, multidisciplinary teams and should also plan to retain as many GP trainees as possible within the local primary care environment, with as many as possible taking up substantive posts as part of the local primary care workforce.

[6] Further details on participation rate and workforce loss estimates can be found on the Future NHS Collaboration Platform https://future.nhs.uk/primarycaredata/grouphome in the ICS/STP GP Workforce Supply and Demand Tool.
The Retention Schemes Model provides details on the GP retention scheme estimates and impacts.

Additional emphasis should be given in local workforce plans to retention of the existing GP workforce by utilising all available initiatives as part of the national GP retention programme and local offers.

Timeframe/Baseline: The baseline for growth is 2019/20; the template will require an estimate of inflows and outflows for the period not covered by published data at the point the template is released. The template will also include the actuals for 2018/19 for comparison.

For each line, plans are required for each quarter of 2020/21.