

PACESETTER SCHEMES 2018-19

Health Board	Aneurin Bevan University Health Board
Pacesetter Title	Implementation of General Practice Student Nurse Training Placements and Foundation Programme for Nurses new to GP Practice Working within Primary Care
Context: what is the current evidence and how does this project add value?	Introduction The Primary Care Plan for Wales and supporting evidence indicates that the sustainability of Primary Care is reliant on the implementation of an Emerging Model in order to reduce the reliance on General Practitioners and support the pathways with a full multi-disciplinary team ensuring that the needs of the local population are met through a new and transformed workforce. This pacesetter scheme supports the development and implementation of the transformation model to support the wider sustainability of primary care provision. It is widely recognised that there is a need to attract nurses into primary care to ensure a service that is fit for purpose and has sustainability. Aneurin Bevan University Health Board's Clinical Futures Service Strategy (2015) describes the organisational plans going forward and includes "...a sustainable 24/7 primary care service to ensure that urgent and planned primary care is locally accessible to enable patients to receive care closer to home...." The strategy also recognises that across the Health Board there is vulnerability of the current configuration of services with regards to staff recruitment and retention, and a need for new configurations to be developed with regards to staffing numbers and skill mix in order to "provide a stronger foundation for sustainable service delivery". At a national and regional level, there remains continued emphasis on delivering quality health and care services fit for the future and promoting good health and well-being for everyone. Driven by the ambitions in recent documentation including <i>Prosperity for All</i> and the <i>Parliamentary Review of Health and Social Care in Wales</i>, considerable work is underway to translate national strategic ambitions into reality across the Aneurin Bevan University Health Board geographical area. ABUHB are maximising opportunities from the new legislative framework for health, social care and wellbeing in Wales by developing an 'integrated system for health, care and wellbeing' as a key element of our transformational

	Clinical Futures Strategy. This encapsulates the required five ways of working as specified in the <i>Wellbeing of Future Generations Act</i> and the <i>Social Services and Wellbeing Act</i> and, in doing so, promotes collaboration with our partners and the involvement of our population in designing a new system of care. It is predicated on preventative services and providing health services fit for future generations. General Practice is facing unprecedented challenges through increased workload; increased risk relating to staff and premises; and in recruitment and retention of new and existing GPs. The numbers of whole time equivalent GPs are reducing, with the workforce increasingly choosing to work part-time against a backdrop of increasing demand on GP services, an ageing population and a continuing drive to shift the balance of care from acute to primary and community settings There are currently 78 General Practices which the Aneurin Bevan University Health Board has a GMS contract. Whilst the staff are not directly employed by the Health Board, there is a strong need to support and develop them in order to support the sustainability of General Practices within the locality. Key staff composition are shown below as at October 2017 - GPs – 246.77wte Practitioners including Advanced Nurse Practitioners – 20wte - Practice Nurses – 208wte - Pharmacist – 6wte - Health Care Support Worker – 8wte - Health Care Assistant – 16wte - Practice Managers – 81wte Locally, there are many reasons for needing to recruit nurses into GP practice working and to ensure their professional development is 'fast tracked' to support sustainability now and in the future: • There is a lack of sufficient numbers of GPs • Age profiles are high across primary and community care teams and so there is concern over future sustainability • The training route for practice nurses is unclear • To attract nurses into a primary care nursing career, they need to gain experience in the field
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	• There is currently a lack of capacity to support training in primary and community care settings With increasing demand and national shortages in the primary care workforce, significant changes will be required in the next 3 years to shore up services in the short term and create a sector that is more sustainable in the longer term. With 3 managed practices now under the control of ABUHB and significant vacancies in these teams, action is required to diversify the Primary Care Operational Support Team's (PCOST) workforce model to include wider members of the multidisciplinary team, including nurse practitioners, clinical pharmacists, and advanced paramedics. Practices must undertake modelling of demand and capacity, embrace triage systems to re-route appropriate demand and seek to encourage greater uptake of alternatives such as the Choose Pharmacy Service for minor illness. Practice nursing is a key role in primary care with nurses taking on ever increasing responsibility for the care of both individual patients and identified patient groups. With this in mind, general practice will in the future require more nurses to choose this area of nursing. In order for nurses to transfer from Hospital and Community based settings into General Practice and promote practice nursing as a positive career choice for nurses, this proposal seeks to establish supported entry into GP practices. Nurses who have little or no experience in primary care, will extend their skills and competencies, to a level where they can perform the basic functions of a practice nurse. GP Practice Nursing/Advanced Nurse Practice- Advanced Training Practices Services delivered by the Primary Care and Community Division have a large role to play in supporting people to remain at home and live healthy lives for as long as possible and need therefore to be resilient enough to deal with these challenges. This means ensuring that the sector is resourced with sufficient staff who possess the necessary expertise to meet the varied demands of our population. However, national staff shortages in the medical and nursing professions, on whom our traditional models of care are built, means that new models of delivering care must be considered in the short term while work continues at pace to define the longer term model and its requirements. In 2014, a survey of practice nurses identified three significant themes. 1. The need for a clinical Foundation Programme for nurses new to GP practice working 2. Ongoing professional development opportunities to advance nursing practice 3. The need to secure student nurse placements to ensure sustainability going forward. Although the Advanced Nurse Practitioner (ANP) role within Primary Care is well established, the ongoing
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	professional development of these nurses needs to be enhanced. There is also a need to progress the ANP role across 24 hour nursing services, which includes overnight/out of hours services. The aim of this scheme is to provide a supportive training environment which will equip individuals with the skills and competencies required for general practice in hours and OOH for urgent care. This forms part of the urgent primary care 5 year plan. The Health Board has worked with higher education (Cardiff University) to develop an Accredited Foundation Programme for nurses new to GP practice working. Encompassing both taught and clinical skills training, this course provides the foundation to enable nurses who have never worked in primary care to acquire the fundamental skills to provide a general practice nurse role. The clinical training components of the Foundation Programme can also be 'standalone' allowing experienced practice nurses to regularly update. This initiative initially focusses on the recruitment and professional development of newly registered and/or secondary care nurses transferring to primary care with a 'fast track' training programme over 6 months, supported academically by the accredited Foundation Programme and professionally by primary care senior nurses. Based in General Practices and supernumerary to the practice, nurses would be employed directly by the Health Board for six months, be placed with an experienced clinical mentor, receive protected pay and maintain continuity of service. This will ensure that nurses who have never been exposed to GP practice working develop a platform to progress, in an accelerated way achieving Specialist Practitioner Status, Nurse Practitioner status, Independent prescribing and eventually undertake additional education and professional development to Advanced Practice. This will enable the training of nurses new to GP Practice Nursing to gain the skills required to operate skilfully within the role, supported by the accredited Foundation Programme and 'hands on' clinical skills training. The designated GP practices will become Advanced Training Practices model operating across the NCN footprint. It is encouraging to note that the Advanced Training Practice model established by the Health Education Yorkshire and the Humber has created capacity for 350 student placements in more than 130 practices in the region. The scheme has been so successful that it has now informed the development of the wider National Training Hub Initiative (NTHI) in England to improve the workforce. Going forward, Advanced Training Hubs within Neighbourhood Care Networks will offer multidisciplinary training places for clinical pharmacists, physician associates, physiotherapists and other professions who will enable transforming primary care. They would train, learn, consolidate learning and work together
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from the start of their career.

Student Nurse Placements

To date, there have been no funded student nurse placements in GP practices within our area. Although student nurses can sometimes spend a day with a practice nurse if they are on a community placement, (and they report that they thoroughly enjoy it) there is currently no financial support to the practices to release practice nurses to mentor students. It is well recognised that securing student nurse placements and providing a career pathway where newly qualified nurses can undertake the Foundation Programme and then progress to Nurse Practitioner/Advanced Nurse Practitioner status is essential to GP Primary Care services. Introducing a standardised funding and practice infrastructure model will ensure appropriate levels of funding (for initial pump priming and sustainability) and commitment and partnership from all those organisations involved. A successful GP training scheme undertaken in England has seen an increased recruitment in student nurse placements in Primary Care.

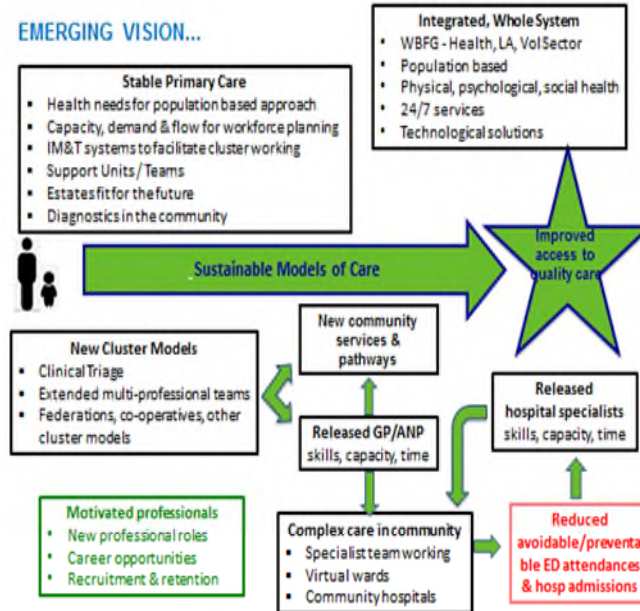
There have been recent discussions with Neighbourhood Care Network Leads and GP's to pilot a 'hub and spoke' model of student nurse placements. The 'hub' would be within the GP training practice and the student will spend at least 60% of their placement there with the 'spoke' placements being identified across the wider primary and community care integrated teams, affording the student to gain an insight and experience into the nursing services across a wide range of services. Such 'spoke' placements will include:

- Diabetes nursing
- Respiratory nursing
- Prison healthcare
- Deprivation of Liberty Safeguards
- Nurse led clinics
- Integrated frailty teams
- Overnight nursing
- Care home nursing etc

This model, previously untested in our area, aims to enable GP's to both offer quality placements, manage their own recruitment and 'grow their own' Nurse Practitioners and Advanced Nurse Practitioners.

	Key Benefits and Value Primary care providers have an opportunity to look at skill mix and new ways of working. Training placement capacity in a primary care context is a prerequisite to the development of capabilities across a range of primary care workers to better meet the needs of our patients. The expansion of a 'hub and spoke' placement model and Advanced Training Practices going forward will enable nursing students (and other professions) to access advanced training and a high quality experience of primary care. • Students will be trained by experienced Practice Nurse mentors enabling them to gain valuable experience in this area • The 'hub and spoke' model will expose students to the diverse nursing opportunities available across primary and community care with the ultimate aim of attracting nurses into this exciting field • Hubs have proven to be key success factors in signing up practices to take part in student nurse placements • Hubs allow for cross-practice working to take place and supports integration, and create opportunities for inter-professional learning • Hub and spoke models allow the sharing of good practice across all practices involved and allows an economy of scale that would not be achieved otherwise • Student nurse placements inform evaluated training and development • Nurse mentors are supported • Allows for learning audits and ongoing quality placement checks • Advanced Training Practices places a strong emphasis on education and development and will enrich the learning environment of the practice by including further disciplines into the professional learning sphere • Enable Patient and Public involvement in healthcare education • Promotes partnership with academic staff to monitor and ensure quality of placement • Establishment of a robust infrastructure for the provision and support of quality assured placements for medical and healthcare students • Inter-professional learning and working embedded in primary care • More medical and non-medical accredited placements available • A future workforce completing their training competent to work in primary and community care
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	• A future workforce with greater understanding of the roles of colleagues through inter-professional learning
Aims of project	The aim of this project is to both attract more nurses into General Practice/Primary Care, and to provide a robust professional development framework that enables a nursing workforce within general practice in appropriate numbers and with sufficient skill mix to improve the health and wellbeing of the local population and prevent avoidable health problems. Supported with clinical skills training in an 'Advanced Training Hub', the additional aim is to recruit newly qualified nurses into the Health Board/GP Practices and 'fast tracking' their clinical skills development to equip them for a practice nurse role. Overarching aims include: • Professional development of GP Practice Nurses and advancing nursing practice • Securing student nurse placements to attract nurses into GP Practice Nursing • To support the local population in terms of early intervention and prevention • Further support the integration community, primary care and social services for the benefit of the local population • To provide access to a range of specialist skills in a general practice setting • Improve quality of Patient Experience and engagement of patients in educational curriculums • Provide prudent health care- Right Resource, Right Skills, Right Patient, Right Time • Sustainability across primary care with a skilled and trained workforce of nurses. • Robust governance based induction programme for registered nurses. • Improved management of long term conditions in a primary care setting. • Raising the profile of practice nursing • A nursing workforce skilled to recognise and support the wider determinants of health For the longer term, this initiative must be tested and built upon to determine the training requirements for new roles in primary care so that the appropriate levels of training can be commissioned to support the wider primary care sector in the years to come. In addition to this, there will be greater opportunity to ensure an appropriately trained multi-disciplinary workforce for the implementation of services to support national policy and demographic trends
Allocation	£297,931 annually for period of two years to prove concept with ongoing funding built into the Health Board IMTP process and through service / funding realignment

Start date of project	ABUHB has already secured an Accredited Foundation Programme for Practice Nurses and has recommenced the clinical skills training to support the taught sessions (commencing March 2018). We have also secured NCN slippage funding to train practice nurses to be mentors. It was necessary to do this to ensure there is alignment with the educational academic year and the need to commence practice audits to commence the pilot of student nurse placements. If this initiative is successful, the full roll out of the proposals will commence 1st April 2018
Alignment with Emerging Model	This project supports the ethos of the Emerging Vision, and in common with other emerging models, the Primary Care model is predicated on: • Utilising a more differentiated skill mix • A more socially centred model of care • Working more collaboratively, often at greater scale • A more anticipatory approach with greater participation of patients in their own care This model takes into consideration the patient list size, location and number of GPs shortage to determine workload intensity. It is assumed that a different skill mix professional can undertake ratio of GP's work. For example, if a practice is short by one GP, then an Advanced Nurse can undertake potentially 50% of the GP workload, a Pharmacist 25% and other Professionals such as Occupational Therapist/Physiotherapist/Physicians Associate can cover the remaining 25% of the work. Based on this model, the ABUHB workforce requirement is shown below. This takes into account current population size and every General Practices adopting the model. If only 50% of General Practices adopted this model, this would have positive impact on their workload. 

	Current State			Potential Future State					
	Total list size	Target GPs required	Actual GPs	Nursing		Allied Health Professionals			GPs
				ANPs / NPs	Occupational Therapists	Pharmacists	Physicians Associates	Physiotherapists	
Blaenau Gwent East	34,135	18.96	15.56	6.74	1.12	3.37	1.12	1.12	13.48
Blaenau Gwent West	38,139	21.19	22.78	7.00	1.17	3.50	1.17	1.17	14.01
Caerphilly East	61,411	34.12	28.78	10.33	1.72	5.16	1.72	1.72	20.65
Caerphilly North	68,804	38.22	15.44	12.63	2.10	6.31	2.10	2.10	25.26
Caerphilly South	56,450	31.36	37.89	9.73	1.62	4.86	1.62	1.62	19.45
Monmouthshire North	52,343	29.08	24.62	8.72	1.45	4.36	1.45	1.45	17.45
Monmouthshire South	46,229	25.68	22.78	8.20	1.37	4.10	1.37	1.37	16.41
Newport East	49,569	27.54	21.43	8.94	1.49	4.47	1.49	1.49	17.87
Newport North	56,227	31.24	23.21	9.37	1.56	4.69	1.56	1.56	18.74
Newport West	48,488	26.94	27.00	8.31	1.38	4.15	1.38	1.38	16.61
Torfaen North	49,116	27.29	27.89	8.30	1.38	4.15	1.38	1.38	16.60
Torfaen South	45,476	25.26	23.23	7.75	1.29	3.88	1.29	1.29	15.50
Gwent	606,387	336.88	290.61	106.02	17.67	53.01	17.67	17.67	212.04

The objectives are to release practice capacity through the re-direction of a significant volume of work to the wider multi-disciplinary team thus supporting sustainability models within General Practice. This will further support skill mix and workforce diversification within the primary care setting and pilot a new way of working enabling the creation and utilisation of a more suitable service to serve the needs of the population. The service is aligned to the Care Closer to Home strategy and forms part of the 2018-2019 Primary and Community Care IMTP. The scheme adds to the strategy for transforming the way services and healthcare is delivered in Primary Care and adds to the model of developing the multidisciplinary team that surrounds the GP.

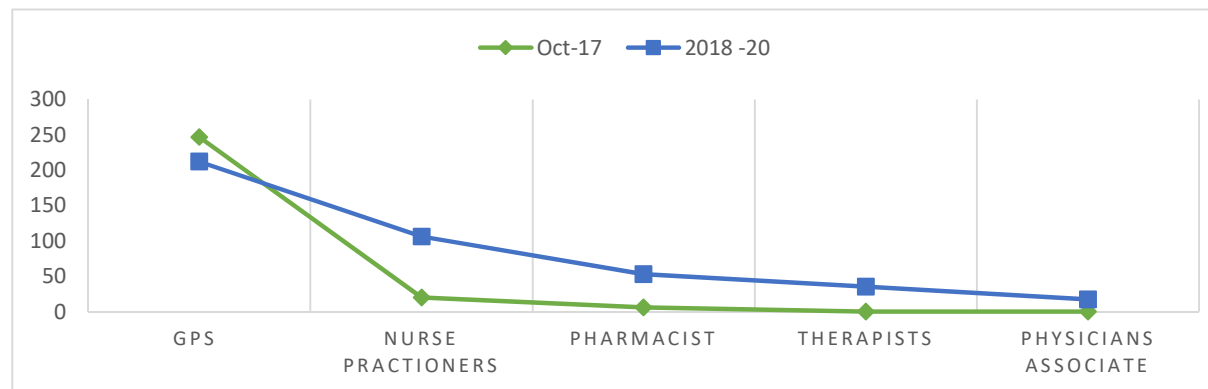
Although the Nurse Practitioner and Advanced Nurse Practitioner roles have been established in Community and General Practice for a decade or so, the competencies these practitioners hold are variable and poorly structured. Some transfer competencies from training in a secondary care setting, others undertake training in Community or General Practice. There is a need to standardise and resource the training of both relatively inexperienced nurses and more experienced nursing switching to Primary Care from hospital based jobs but bringing with them transferable skills.

GP/Primary care sustainability will only be successful through the employment and development of a skilled, confident and competent workforce. Although the direction is to develop new and innovative

multi-disciplinary roles, the practice nursing workforce will continue to be a vital role within the Primary Care team and these staff require opportunities to maintain their competencies and further develop. The Advanced Training Hub, will ensure that student nurses and other learners are exposed to services providing care across primary care and in the community, one that supports their immediate and ongoing professional development needs. This model will provide the platform to test the model for the training of student nurses and newly qualified nurses into GP practice nursing. Furthermore, it will provide the foundations for a robust training model relevant to all multi-professional roles such as, paramedics, pharmacists, therapists, physician associates etc.

The scheme is therefore an innovative change in the recruitment, training and therefore delivery of care and is a model that will improve the satisfaction of both the users and the clinicians that are the providers. Employing nurses and supporting them on a supernumery basis within a GP practice affords a real opportunity to focus on clinical skill acquisition within a very short timescale.

The key staff implications against October 2017 numbers:



- ↓ GPs – reduction to 212wte.
- ↑ Nurse Practitioners including Advanced Nurse Practitioners – increase by 86wte
- ↑ Pharmacist – increase by 47wte
- ↑ Therapist – increase to 35wte
- ↑ Physicians Associate – increase to nearly 18wte

Potential to demonstrate financial redesign / resource shift	There is a recognised need to 'shift' services and resources from secondary care to primary care. However this can only happen where there are 'stable' practices employing a sufficient workforce who are both skilled and competent. This scheme is designed to attract and train nurses new to Primary Care/GP Practice and demonstrate the use of appropriate Health Care Professionals to meet the needs of the local population. Advanced Training Models will see the emergence of a practice or groups of practices across the NCN's accredited to provide undergraduate and postgraduate multi-professional training placements, with an integrated learning ethos. Fully embedded it will allow for the transferability of skills across primary, community and secondary care. The scheme aims to embed the foundation of General Practice and will support:- • Redirection of appropriate patients to those who can best assess and treat needs reducing the burden on GPs • Ensure that capacity is created for those patients requiring support • Ensure that GP time is focussed on planned medical care and appropriate appointments. • Enhancement of MDT within a Practice and as a result supports the sustainability of that Practice • Education, training and development will be a core part of everyday work • Integrated learning both inter-professionally and between learners at different stages of their professional learning journey • Supports the involvement of neighbouring practices and community services in being fully engaged in training and development of the future workforce • Transferability of skills across primary, community and secondary care • Standardised training programmes and competency assessments • Increased skill set amongst nurses to better manage chronic conditions and the wider determinants of health
Dates for submission of Business Plan and Delivery agreements	This will be submitted with the other funded delivery agreements at the end of February. A business case to inform IMTP service commissioning and service / budget realignment across the healthcare system will be developed to inform the 2019/20 service planning cycle.
Status within: HB strategy	• The Scheme is aligned to the IMTP being developed within the Primary & Community division and meets the aims of primary care funding in terms of sustainability, access and service redesign. • The Scheme provides an opportunity to deliver the services in a different way

IMTP process Cluster Action Plans	• There is opportunity for creativity; innovation and to lead the change in the NHS. • This supports the IMTP plans in terms of recruitment and retention within primary care to contribute to a sustainable Primary Care workforce of the future. • The NCN action plans include sustainability and alternative workforce development and implementation.
Timescales for each stage of project, with rationale	Quarter One: • Job descriptions for the nursing roles have been produced and approved. Recruitment into these posts can commence immediately. • Recruitment of General Practice Advance Training Placements will commence in Year 1 • First cohort of Practice Nurse Mentors will commence training March 2018. Roll out of mentorship training will occur throughout 2018, with priority given to those practices who are identified as Advance Training Practices. • Practice based educational audits in 'Hubs' commencing March 2018 • Mentors for 'spoke' placements commencing April 2018 • Each student nurse placement will be 6 weeks in duration; the students are expected to be a combination of 1st, 2nd or 3rd year students. • Roll out accredited Foundation Programme and Clinical Skills CPD sessions • The agreement for the evaluation criteria, key performance and quality indicators and exit strategy for the end of the Pacesetter period is being developed. • Planning phase for commencement of student placements will be undertaken by 30th April 2018. Quarter Two:

	• Recruitment of registered nurses and other multi—professional roles • Induction and Advanced Training implementation phase. • ANP Mentors identified • Student Nurse Mentors Identified. • 'Keeping in touch' following placement processes to be determined • Commence training and mentorship for multi-professional roles • Commence discussions with NCNs and LMC to confirm Advanced Training Hubs across NCNs • Continue to train clinical mentors • Evaluation criteria established Quarter Three: • October 2018- Prepare Advanced Training Practices • Continue expansion of education to extended multi-professional roles • Support Implementation phase. Evaluation of progress Quarter Four: • Extend Implementation phase. • Full evaluation of progress • Commence extended roles training
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Evaluation methodology and measures to be used	The evaluation methodology is being formalised and will include an assessment of: • Workforce analysis (including vacancies) and training needs analysis across Practices/NCN's • Current training opportunities vs new/additional training opportunities • Numbers of Nurse Practitioners/Advanced Nurse Practitioners in place • Numbers of Nurse Mentors trained • Numbers of Students taking up placements compared to baseline of 0% • Numbers of newly qualified nurses taking up the 'fast track' appointments in PCOST securing placements in GP practices/Primary Care Services • Number of all professions substantive appointments in GP Practice • Ability of the Advanced Practice Training practices to inform national educational curriculum • Involvement of GPs in forecasting workforce needs Each service delivered within the practice will have a specific monitoring and outcomes framework attached to it
Project support available	For nursing roles, including student nurse placements, the Associate Director of Nursing Primary and Community/Divisional Nurse will provide senior oversight for the development. Day to day support will be provided by the senior nurse in the GP Practice and the Primary Care Operational Support Team Senior Nurse A Clinical Lead has been identified to support NP and ANP development Senior Nurse professional support for Practice Nurses is already in place An accredited Foundation Programme for nurses new to Practice Nursing and a Diploma Level 3 for HCSW's is already established and will be aligned to this project Clinical supervision for the new roles will be provided through an agreed partnership with the professional bodies involved. Other support as required at key stages of progress to be managed within the Division

Describe anticipated impact on health inequalities	Nurses have a holistic understanding of their patients and the impact of this model of upskilling at pace is to develop a workforce in appropriate numbers and with sufficient skill mix to improve the health and wellbeing of the local population and prevent avoidable health problems, whilst also meeting any planned or unplanned health needs that the population may have. In addition there is an expectation that the proposal will:- • Increasing ability to recruit to vacant nursing posts, improving timely access for patients • Reduce inequalities caused by variability of access to trained and experienced nurses • Provide an opportunity to improve services to patients. • Provide an opportunity to sustain and improve care across 24 hours • Provide an opportunity to test out this model, especially in regards to attracting more nurses to general practice and advancing nursing practice • Opportunity to explore new roles to support GP's
Potential for rollout at scale, with indication of costs and workforce implications	The 1st Year of the project will see the start of a hub and spoke model of training for Pre-registration Nurses. There will also be ongoing discussions to train more mentors in other practices throughout the year. Nurses new to GP practice Nurses will be employed by the Health Board and work supernumery in GP practice for 6 months, with a tailored clinical skills training framework supported by the Accredited Foundation Programme. Recruitment and employment can commence immediately. Both of the above will be evaluated to ensure roll out across NCN's The opportunity would exist to roll out this model through NCN areas within the Health Board, taking into account the opportunity to expand the service to include the integrated service provision through primary and community services, supporting care closer to home. All of the above will be dependent on Pace Setter Funding for the first two years. The financial impact of this will be dependent on the service provision within each NCN and locality. The indicative costs are £297,931 annually for a period of two years to prove concept with ongoing funding built into the Health Board IMTP process and through service / funding realignment. Workforce implications are the determining factor and as such services will look to support NCNs rather than individual practices.

	The aspiration of the pilot is that with improved sustainability we will improve our recruitment and retention of nurses across Primary Care, whilst enhancing the skills and the knowledge base of existing and new staff, improve efficiency and lead to better patient outcomes
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Appendix 1

Financial Breakdown of Pacesetter Scheme

PAY

Description	Grade	WTE	Scale
Rolling Band 6s	6	6.00	£44,655
TOTAL PAY COSTS			£267,931
TOTAL NON-PAY COSTS			£30,000
TOTAL COSTS			£297,931

NATIONALLY AGREED CRITERIA FOR PACESETTER PROGRAMME – 2018/19

1. The schemes should be aligned to the work of the Implementing the Emerging Model Group in terms of building on:
 - Outcomes of previous Pacesetter projects
 - The whole system emerging model for primary care
 - Outcomes of the Pacesetter Critical Appraisal
 - Outcomes of the Parliamentary Review into Health and Social Care
2. Projects should actively explore the potential for whole system financial redesign and resource shift between sectors
3. Each project to be underpinned by a clear business plan and delivery agreement that has been agreed by the Health Board executive team, PC Directorate, cluster leads, the relevant cluster and the professionals responsible for delivering project outcomes.
4. A clear and realistic approach to timescales for project outcomes that takes account of bedding in, transforming care and reporting arrangements.
5. Robust measures for evaluation to be defined at the outset and using an appropriate range of methodologies to give a clear understanding of outcomes and benefits, including costing
6. The programme of work to be an integral part of the relevant cluster action plan, the health board strategy and the IMTP process
7. Evidence that the project team will be supported through appropriate backfill arrangements; dedicated project management; access to expertise in research analysis, IT systems usage and data analysis.
8. Consideration should be made of the specific challenges faced by professionals working with deprived communities in relation to innovation and redesign. Primary care teams in these areas often need more support and/or resource to initiate new ways of working and a proactive approach is required to promote innovation.