

The Folkestone, Hythe and Rural PCN Hub Pilot Project  
A practical guide to modern general practice access

# Designing and developing the hub workforce



Developed in partnership with the NHS England South  
East Primary Care Transformation programme

# Introduction

## Background

**Modern primary care depends upon making the best use of available resource. This means ensuring there is the right staffing mix in place to deliver appropriate services for patients, and that this workforce is organised and supported in a way that helps them operate most effectively, including through investment in digital infrastructure and estates.**

For years, staff operating within PCNs have faced the challenge of managing multiple logins – even when the same clinical system is being used by multiple practices. In the worst cases, a typical ARRS staff member has had to use as many as 30 or 40 separate accounts and logins to consult across practice boundaries. Staff can also face challenges in accessing patient records from different practices and managing appointment books that are hosted on different servers.

Doing better for, and by, its people was a central part of what the Folkestone, Hythe and Rural project was about. As well as supporting a new team responsible for managing its new federated approach to online consultations, the project team ensured its technical solution brought together the wider PCN workforce, enabling them to work seamlessly across practice boundaries using a single log in. This included investing in the essential training and tools to help them manage caseloads, maintain clinical safety, and work hand-in-hand with practice staff to deliver for patients.

The result has not only been a more efficient and streamlined way of delivering services and optimising available resource, but also an improved working environment, with a greater sense of belonging and a clearer, “one-team” ethos – as well as an increase in the overall size of the available workforce.

## How to use this guide

In this guide, we look at how the Folkestone, Hythe and Rural Primary Care Network (PCN) recruited, trained and developed the workforce to support its hub-based services.

These resources will explore:

- How the PCN **recruited the right staff** to support its new operating model.
- How it ensured the new workforce were **properly trained and developed**.
- What it is doing to **maximise the benefits of transformation** for its workforce.

These guides should be read in conjunction with the PCN’s full **hub blueprint document**, which provides a detailed description of the hub operating model and accompanying technical solution. The team have also produced **a short promotional video** explaining how the hub works and have published a range of practical support tools, frameworks and documents. All of these resources can be found in the **[Primary Care Transformation section of the NHS England South East website](#)**.



# Section 1: Getting started

## Planning and recruitment

Recruiting the right people and establishing the right organisational structure for the hub are critical to success. For this section, we asked the PCN project team to give their advice on how to lay the foundations for success.

### “Be open-minded in your recruitment.”

Make sure you think broadly about the skills and experiences you need to support the work that your hub will be doing. Direct primary care experience, while obviously helpful, is not necessarily a prerequisite for some of these roles – and you can often gain from having people with diverse backgrounds. For example, one of the Advanced Nurse Practitioners in our eHub came from a 111 call handling background, which has given them a particular advantage in triaging consultation requests; another worked in a paediatric setting for 20 years, which has proved invaluable given the large proportion of consultations involving children; and a third had a strong background in mental health, which has helped the hub team to interface more effectively with mental health services.

### “Put the right management structures in place.”

Another big lesson has been the importance of having a designated lead responsible for managing the different clinical teams across the delivery hub. For example, to support the Online Consultation service, we hired an additional, highly experienced primary care nurse practitioner who was tasked with supporting the other nurse practitioners once they started working in the hub. This has made a big difference to the effectiveness of the service – since their appointment, we have seen the proportion of online consultations being fully managed within the hub increase from 18 per cent

to around 40 per cent, meaning less work passed back to local practices. Each lead practitioner within the hub offers close supervision and a point of escalation for any operational issues, as well as being responsible for the team’s ongoing professional development.

### “Start with a narrow scope and build out from there.”

It is crucial to make sure the scope and criteria for your hub is carefully defined and commensurate with the skills and capabilities of the team you have put in place. For example, given that we had chosen a nurse practitioner-led model to manage our online consultations, we deliberately put the emphasis on supporting patients with minor illness to avoid their remit becoming too unwieldy or the workload unmanageable. Working iteratively helps too: we started with an ambition to have the hub managing around 30 to 40 per cent of all clinical online consultations, which has now been achieved. The PCN is now looking at how we extend the scope further so that we can push this figure above 50 per cent in future.



**We heard a strong message through the stocktake that improving the supervision, development and career progression of individuals in Additional Roles Reimbursement Scheme (ARRS) roles is crucial to retain them and make the most of their skills and experience.**



**Next Steps for Integrating Primary Care: The Fuller Stocktake Report**

## Section 2: Making it happen

### Training and development

Creating a hub requires a significant investment in building up the skills and professional knowledge across the team. Below are four key steps taken by the PCN for training and developing hub staff members – each of these are focused on the specific experience of establishing the Minor Illness service within the hub, but they apply just as well to other clinical services.

#### Step 1: Work-shadowing

As mentioned above, none of the initial three Advanced Nurse Practitioners initially recruited to deliver our Online Consultation and Minor Illness services had direct primary care experience. However, by operating out of the lead practice in the early stages in their training, they were able to shadow the nurse practitioners and doctors there, learning from the way they managed their own online consultations to gain vital awareness of primary care systems and practices.

#### Step 2: Tailored training packages

Each member of staff was offered bespoke training and support to help bring them up to speed with the requirements of the role and address any gaps in their experience. All clinical training was overseen by the Lead Advanced Nurse Practitioner who reported to the PCN's Clinical Director and Operational Manager. This was an integral part of the clinical governance process and clinical safety case for the hub.

#### Step 3: IT onboarding processes

Before the hub services went live, all PCN and practice teams were also given intensive training on the IT they would use, ensuring that they fully understood how the systems worked and could use them with confidence from day one. This training

was delivered by the Digital Transformation Lead and Digital Project Manager and was offered to all staff who would be using the new system, supported by step-by-step instruction guides and resources.

#### Step 4: Ongoing support and development

The PCN established regular “interface” meetings between the hub staff and senior team to discuss operational issues. The hub team also engages clinically with their peers in local practices on how to refine the model, manage demand and review individual cases, creating stronger interpersonal relationships between PCN and practice-based teams. All hub staff have regular performance reviews and professional development plans to help them improve and grow in their roles, supported by personalised training opportunities that are funded through the PCN as necessary.



**The ethos we've tried to build is of one team working together for our patients, rather than a transactional relationship between the hub and local practices. The new operating model helps our staff to collaborate between different teams more than ever. I think everyone would say it's made the job more satisfying – and that's been reflected in the improvements we've seen in staff morale and retention.**



**Kim Lee**, Operational Manager,  
Folkestone, Hythe and Rural PCN

## SECTION 3: Building for the future

### Maximising the benefits of change

The PCN's experience shows that the investment in technology and estate has not only transformed access models and unlocked capacity, but also enhanced the way its clinical teams work together across its network. In this section, the project team reflect on some of the key benefits they have seen and how they have sought to maximise them.

#### 1. Improving staff experience

Before the project began, PCN staff had been working out of individual practices, which was often an isolating experience. Staff can now access a central system where they know they will have their laptops, mobile phone access and mobile tethering, all configured and accessible via a smart card. By focusing on the core functionality staff need to work effectively across practice boundaries, the technology has made a significant difference to job satisfaction and helped create a sense of belonging within the PCN.

#### 2. Supporting collaborative working

One of the unexpected benefits of the hub is that it has started to create greater cross-collaboration between different PCN-based and practice teams that simply would not have happened without the investment in digital infrastructure or primary care estate. This is something the PCN is actively nurturing by holding regular forums and check-in meetings between different professionals to encourage dialogue and feedback.

#### 3. Utilising ARRS staff roles effectively

The other key to success has been successfully integrating other ARRS-funded roles within the PCN into the hub model. This has been done in a phased way to minimise disruption, and the process has been dependent on establishing the fundamental

capabilities in the system to allow other professional groups to be brought in at a later stage. However, the PCN benefited from investing time early on in identifying pathways likely to be affected by the new model, tracking the interdependencies between specialties involved, and ensuring these were reflected in the capabilities of the new system.

#### 4. Investing in the primary care estate

Before they had dedicated offices, PCN staff had to work out of any available space within member GP practices. This was constantly changing based on room availability and created an unsettling environment for PCN staff, particularly when practices had to prioritise room availability for their own staff. As a result, several staff members ended up working remotely for significant parts of the week, which was isolating and not conducive to developing a new team. Having a dedicated PCN office building transformed the team culture by enabling more collaborative multi-disciplinary team working, encouraging a stronger team ethos and improving morale. All these factors supported staff retention and made it easier to embed new ways of working.



**Good digital infrastructure is important, but it's only part of the solution. We recognised that this project was also fundamentally about our people: making sure we had the right staff, equipped in the right way, to deliver the right services for our patients.**








**Aravinth Balachandran**, Clinical Director,  
Folkestone, Hythe and Rural PCN

# In summary

## A checklist for implementation

**Based on their experiences, the project team recommended the following essential actions for building and supporting the hub workforce:**

-  Build check-ins for your hub teams. It is important to set up check points for teams to be able to feedback on what is working and what is not working so that the senior team are able to quickly mitigate any issues, thereby building a more engaging environment for people to work in.
-  Create a training programme that ties into their daily interactions. When recruiting staff, ensure that induction/training takes place within a practice environment (in this case, it was the lead practice initially hosting the recruits) to develop relationships and ensure that they are familiar with the systems and processes they will need to use when the hub is fully operational.
-  Consider how you structure and support your hub-based team. Ensure that you put in place a lead for every area of work that can manage the team and feedback to the central core team on updates and requirements. This helps all functional disciplines to become owners of their specific delivery model. It also increases collaboration between the teams, creates a supportive culture and aids the retention of staff.
-  Ensure your PCN core team engages regularly with constituent practices. Building a hub in isolation risks dividing PCN-based teams from the practice-based workforce. It is important that PCN staff have regular opportunities to meet one-to-one with practice staff to break down boundaries, share lessons and refine ways of working.
-  Secure dedicated office space for PCN staff. While not possible in every case, it is worth exploring whether you can co-locate hub teams in a dedicated building or estate. This enhances a sense of belonging, improves staff retention, and enables teams to work more collaboratively across the different disciplines.

**For more information about the Folkestone, Hythe and Rural PCN hub, please contact:**

The Folkestone, Hythe and Rural PCN leadership team is happy to field enquiries from other PCNs embarking on similar projects. If you would like to get in touch, please e-mail [kmicb.fhrpcn.enquiries@nhs.net](mailto:kmicb.fhrpcn.enquiries@nhs.net).

For more information about how NHS England South East regional office supported this project, please e-mail Adriana Jimenez, Senior Primary Care Network Transformation and Access Innovation Lead: [adriana.jimenez@nhs.net](mailto:adriana.jimenez@nhs.net).