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# Primary Care Flexible Staff Pools Guidance 2022/23

This guidance is for Integrated Care Boards and Primary Care Networks, GP practices, Federations and other local partners to further develop their flexible staff pool arrangements

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## Summary

### Background:

This guidance is updated for 2022/23, setting out the delivery ask and funding to support the provision and development of flexible pools of engaged and employed GPs to deploy across local communities, continuing the programme that began in the final quarter of 2020/21.

### What is the initiative?

- Similar to 2021/22, Systems can receive up to £120k each for the realisation and management of pools to engage and deploy local GPs flexibly in an ongoing way, to support local primary care, including PCN extended access services
- There is local autonomy to agree the exact delivery model and associated arrangements
- These pools will support groups of PCNs – most likely at ICB or place footprint - to increase capacity in general practice and create a new offer for local GPs wanting to work flexibly
- For GPs, pools can offer a flexible contract with connections to work opportunities

### Funding:

- Up to £120k per system to support the development and running costs of a pool
- Systems will be able to access a digital supplier framework as an optional enabler to support the deployment of staff to shifts.

### When does this launch?

- Systems should already have a digital flexible pool in place.

### What benefits are anticipated?

- System: reduced pressure on spend and improved access to a knowledgeable group of GPs, deployable to wherever the need is greatest

- Practices and PCNs: reduced burden in accessing temporary staff, and potential to build better relationships with pool members
- GPs: where a contract is offered, increased job security and access to the flexibility of a locuming role, with the additional benefits of a salaried position (including death in service)

## Flexible pool delivery

Each system is encouraged to put into place or augment locally the core aspect of the initiative:

Core delivery	Summary
Establishing and managing a flexible pool that connects clinicians to work opportunities in order to support general practice	Systems have access to up to £120k to support the implementation and running costs of local pools until March 2023. In delivery of pools, Systems and their constituent places are invited to connect flexible GPs with available general practice shifts within their footprint. Consideration should be paid to the optimum way GPs engaged through the pool can be deployed.
Delivery enablers	Summary
Digital Supplier Framework	The framework contains a list of approved digital suppliers whose digital solutions can provide increased support to local systems in deploying their additional sessional and flexible clinical capacity.

### Future maturity of Flexible Pools:

Once Systems have established their flexible pool infrastructure, they should consider how it can be further developed as a mechanism to act as a local point of contact, offering support and advice to the GP workforce more widely through robust engagement.

- For example, Systems may wish to use the pool to better engage their sessional GPs, and perhaps develop a set of local peer support networks utilising money from the [Local GP Retention Fund](#)
- The pool arrangement could also be used to engage with returning GPs, acting as a point of contact in order to direct them to the appropriate place
- A further future use could be to facilitate Keep In Touch days for those local GPs who are presently taking maternity/ paternity/ parental/ adoption leave

## Funding for 2022/23

### Realisation and management of a flexible pool

The [Primary Care System Development Funding Guidance](#) confirms Systems have access to up to £120k each to support the development and running costs of a flexible staff pool **during 2022-23**.

In the instances where pool provision already exists ICBs should continue to build on the pool arrangement and explore using their new allocation to expand on their existing offer.

For ICBs that have not had the opportunity to develop a local offer in the previous year, the principles remain that the exact design of the virtual pool arrangement is up to local discretion, and could be utilised to support one or both of:

- a) Employment of GPs on a flexible (possibly part-time) fixed-term basis who are then deployed against local need
- b) Linking flexible sessional GPs to practice need

Local agreement can be made in relation to GP rates of pay. It is recommended locums are paid in line with eDec maximum indicative rates of £77.57 per hour / £323.21 per session.

## Establishing and managing flexible pools

Systems should use their non-recurrent funding of up to £120k to develop and maintain a set of virtual pools which could both employ GPs with flexible contracts, and engage local GPs who can deliver additional sessions; connecting them with practices holding vacant shifts. This funding can be utilised for the costs of staff time to administer and oversee the running of the pool activity, and/or to procure a digital mechanism such as an app to match and deploy GPs to shifts.

In the early delivery phase, the matching mechanism could exist as a register of local GPs and practices, where connections to work are made in a manual way, progressing to a more mature state of being digitally-based in due course, taking advantage of the supplier framework to secure a solution. There is information on the next sheet of this pack detailing how you can connect with a digital provider to secure a deployment app for your area.

In some areas a pool arrangement - or similar such as a workforce bureau - will already exist, whether delivered through this scheme or not; in such instances existing arrangements may be grown or enhanced using funding from this scheme. Each area holds the autonomy to decide what arrangement works best for their existing environment, but this must include GPs. Consideration should be given to the sustainability of the local arrangement to ensure the pool can remain part of the local landscape in the future.

Local agreement will need to be made in relation to who hosts the pool and therefore holds the contracts with the GPs, and other associated liabilities. It is anticipated that pools will in most cases operate at the 'place' level of a system.

The local pool structure should seek to support the following responsibilities:

- Onboarding of GPs to the pool
- Conduct verification and other pre-employment checks on GPs registered e.g. identity, CCT qualification, indemnity, occupational health, performers list, GMC, employment history, DBS check
- Able to facilitate and connect GPs to take on work at practices with vacant shifts. This deployment may be activated through utilising a technology solution
- Have the capability to enter into a contract or Terms of Engagement with GPs
- Support GPs working on a more flexible basis to become well-engaged members of the local workforce
- Supporting induction to the local environment by ensuring each practice serviced by this pool holds a 'information pack', supporting the GP to quickly adapt to a new environment
- Tracking of number of GPs enrolled and sessions delivered by GPs engaged through the pool
- Oversight and administration required in running the pool

There is a sheet at the back of this document which lists some of the operational considerations you may wish to make when establishing and developing these arrangements.

## Digital Supplier Framework

As an optional enabler to the pool, a Framework of approved suppliers has been put in place which will offer further support to local systems in deploying their workforce. The use of digital solutions is intended to provide local Systems with a more easily available solution to deploy as they seek to match sessional capacity to need.

Call-off by a commissioner, or by commissioners working together at system level, will streamline the deployment of the primary care workforce, creating flexibility which meets the needs of local areas. Digital solutions should also significantly reduce administrative requirements for both sessional clinicians and practices, and support implementation of pooled arrangements. Practices will be able to post sessions available in their practice, with sessional or flexible clinicians able to easily indicate their availability and select shifts that suit them via each digital solution.

Local systems, working closely with their practices, will be responsible for selecting the digital supplier they wish to call off the Framework. The initial focus for these digital solutions is on the deployment of sessional and flexible working GPs, however using these products to support the deployment of other roles could be a future consideration.

### Costs to purchase a digital deployment solution:

Costs for local systems will depend on the digital supplier selected. All digital suppliers have explicitly set out their upfront fees, recurrent fixed fees or sessional fees prior to being awarded a place on the Framework. Cost may vary depending on a number of factors; such as the number of practices onboarded onto the solution. ICBs will be able to access this information through the call-off guidance. Systems may consider using their pump-prime funding to support the cost of calling off this Framework to support local implementation.

### How to call-off the Framework:

A call-off guidance including a step-by-step guide, and frequently asked questions is available [here](#) or by emailing: [digitalsupplier.framework@nhs.net](mailto:digitalsupplier.framework@nhs.net)

## Pool evaluation

NHS England will require management information in order to understand impact of pools and return on investment, and to inform the ongoing review of the support offer to the workforce. This will be gathered via the Primary Care Monitoring Survey on a regular basis. The box below outlines the metrics under which updates will be sought against. A process should be put in place locally to monitor and evaluate pools in an ongoing way, both in terms of numbers of GPs supported, and understanding their experiences of the pool.

As the pools continue to get underway, we are particularly interested in any intelligence on how the pools are being utilised in order we can continue to build ways in which GPs can be supported to work flexibly. Should you wish to share any case studies or good practice examples please connect with us through the details on the following slide.

- Date pool first become available for GPs/practices to register
- Number of GPs registered to the pool and completed onboarding
- Number of hours of clinical work conducted via pool
- Number of practices registered to the pool and completed onboarding
- Amount of spend against £120k funding



## Where to go for support



This [website](#) offers further delivery resources for ICBs, including workforce modelling tools and retention guidance and support. There is also a community of others leading this programme locally, so you can use the forum to ask questions and learn from other areas

If you haven't used it before you will need to set up a username and password which should only take a few minutes



This new GP Career Support Hub is a one stop shop space online dedicated to providing GPs with information and signposting about a wide range of support available to help them to realise a rewarding and fulfilling career. Please encourage your GPs to access the information hosted here

<https://future.nhs.uk/GPCS>

National NHSE GP Workforce Policy Team: The team who developed this guidance can be contacted at [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net)

## Annex: pool operational considerations

Some operational considerations are listed in the table below to assist with local planning conversations in the instance the pool employs the GPs.

Consideration	Further detail
Integration and relationships	Consideration should be paid to seeking, assessing and securing the optimal local organisation to deliver the pool, and agreement on remaining engaged in delivery of it.
Contracting with delivery organisation	A formal agreement between the ICB and delivery organisation will be required, such as an MoU.
Coverage	All practices should be encouraged to be attached to a pool. Systems should have establish full coverage
Procedures and documentation	Policies and procedures will need to be put in place covering such employment issues as grievance and disciplinary.
Mentorship	To support the flexible nature of their role and as they work across differing practices, each GP engaged though the pool could benefit from a single consistent mentor.
Onboarding and employment checks	Appropriate pre-employment checks plus induction and onboarding activities should be a function of the pool, and so you will want to agree this process and where the information is stored.
Indemnity and staff sharing agreements	GPs should be covered by the CNSGP provided the practice is permitting the sessional GP to deliver service on its behalf. A staff sharing agreement between practices and the host employer make this arrangement robust.
IT provision	Given a principle of the pool is to support GPs to work flexibly, IT agreements will need to be secured that support remote working, and working at different sites. Agreement should be made regarding responsibility for IT hardware/ software costs, as well as IT maintenance and helplines.

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