Example of Staffing and Resourcing

Practice with a 13,000 list size

This table gives an example of the staffing and resourcing within a practice for implementing the Proactive Care Frameworks. Below is an example of a practice within NCL who are implementing the Proactive Care Frameworks, with a 13,000 list size and focusing on Hypertension and T2DM frameworks.

The practice started with aligning the work to their current QoF review timetable. The sessional commitments may change depending on the competency of the workforce. Implementing the frameworks should not take any additional time from the workforce.

Staff working on the initiative	**Time commitment per week**	**Main roles and responsibilities**
Project Lead/Practice Manager	1 session per week	• Putting together and updating milestone tracker • Reporting to PCN board • Reporting to ICS • Keeping project on track • Ensuring up to date searches are on the GP system
GP Lead	1 session every 2 weeks (once the project is up and running this should come down to oversite only and clinical queries from the nurse/NCA)	• Provides clinical leadership • Support to the project and project lead • Clinical guidance to clinical staff • Overall responsibility to patient safety

Administrative/ Reception Staff	No additional resources beyond usual requirements for QoF	• Work closely with project lead and reception team to ensure they have the priority groups to contact, clear timelines and appointments systems to book patients in for reviews • Initial messaging to patients inviting them for their reviews (AccuRx messages) • Initial messaging asking patients to submit BP readings, collecting urine bottles, blood forms etc
HCA	3 to 4 session per week	• Initial comprehensive review (initially low and medium risk patients, depending on competency of HCA consider multimorbid approach e.g. Diabetes + Hypertension) • Holistic lifestyle advice (ensure HCA is working to the top of their competency)
Nurse	2 to 3 session per week	• Review the more complex patients (depending on level of competency prioritise medium/high risk patients) • Multi morbidity approach • Review escalated patients from HCA
Clinical Pharmacist	2 sessions per week (dependent on capacity – not as sues as HCA or nurse)	• Medication review and optimisation • Review the more complex patients (depending on level of competency prioritise medium/high risk patients) • Multi morbidity approach • Review escalated patients from HCA
Non-Clinical additional roles, e.g. care coordinator, social prescriber link workers, volunteers	1 or 2 sessions per week (can be interchangeable with HCA)	• Working with patients on wider determinants of health • Social needs • Holistic lifestyle advice and information gathering (with training e.g. Qrisk/BP)