Reshaping the NHS workforce: the opportunity and the challenge

Candace Imison (@cimison)

October 2015
Reshaping the NHS workforce: the opportunity and the challenge

Please use 3 separate Post-it notes and on:

1. Identify a new or extended role that you or your organisation are involved in developing & why you developed it
2. The biggest obstacle you faced when developing
3. The biggest enabler for your change
Our agenda

• Why do we need to reshape the NHS workforce?
• What are the opportunities from reshaping the workforce
• Current examples
• How do you reshape the workforce
• Local and national barriers and enablers
• Conclusions
Demand - a burning platform for change?

• Financial context – unprecedented productivity challenge – £22bn by 2020

• Service & professional training model not fit for
  ➢ Ageing population
  ➢ Rising burden of chronic disease and co-morbidity
  ➢ 24/7 working

• Impact of new medical and information technologies

• Changing expectations of, and relationships with patients
Workforce supply issues

- Recruitment difficulties & forecast shortages
  - Nursing – hospital, primary care and community
  - Doctors – A&E, acute medicine, general practice
  - Social and informal care

- Changing workforce expectations
  - More flexibility
  - Less organisational allegiance

- How sustainable is continued restraint on pay?

- Geographical variation – recruitment black spots
One in 20 GPs is considering closing their practice within six months, the poll found, citing overwork and burnout as the main reasons for considering closure.

The Telegraph 2.11.14

NHS spending on agency nurses soars past £5.5bn. Government accused of ‘truly incompetent planning’ after years of training cuts push cost of temporary staff way over budget.

The Guardian 1.11.14

Early CQC inspections reveal staff shortages in community.

Nursing Times October 2014

NHS strike: Staff begin biggest strike in 30 years over 1% pay row.

The Independent 13 October 2014
Workforce not well matched to the work

Staff Mix
- Numbers
- Roles, Skills

≠

Work needs to be done to meet patient needs
If you want the workforce to match the work – understand work => design the workforce

**Work** needs to be done to meet patient needs

= 

**Staff Mix**
Numbers Roles, Skills

© Nuffield Trust
But most of the professional workforce who will be in the NHS in ten years time – are working in it now.

Current Staff Mix

Numbers
Roles, Skills

Current training pipeline

Skill Flexibility:
Role substitution Role Delegation

Skill Development:
Role enhancement Role enlargement

New Roles

Future Staff Mix

Numbers
Roles, Skills
The opportunities from reshaping the workforce

- More patient focused care
- Improved health outcomes
- More rewarding roles & happier staff
- Improved collaboration and support
- Improved recruitment and retention
- Addressing workforce gaps
- Better use of resource
Some of the opportunities for primary care:

- Extended roles nurses – improved LTC management and urgent care
- Pharmacists – improved medication & LTC management
- Greater use of AHPs – better outcomes and access
- Care Coordinators – improve care coordination and access for patients multiple needs
- Physicians Associates – urgent care and some LTC management
GP practice in Whitstable using paramedic practitioners to do GP home visits

Success:

• Drastic reduction in home visits
• Rolling out to cover 177000 patients in MCP

But unsuccessful elsewhere in Kent – implementation lessons

Picture source: http://www.bbc.co.uk/news/uk-england-30002657
Physicians Associates

- 2 year post grad training – competence based
- Expanding numbers places
- Wide scope of practice – mid level
- Could help address workforce gaps

Challenges

- Independent practice – eg prescribing
- May not be cost saving
Advanced clinical practitioners in acute care

Driven by reduced number of doctors

Benefits for staff:

- Senior career progression with direct patient contact
- Autonomy and job satisfaction

Benefits for unit:

- Develop and teach other nurses
- Continuity

Picture source: http://nursinglicensemap.com/advanced-practice-nursing/nurse-practitioner/
Opportunities to develop the unqualified workforce (Band 1-4)

- Motivates and retains staff in increasingly competitive environment
- Improves quality of care – opportunities for joint health and social care roles
- Evidence that safe
- Could help address nursing shortages
- Positive impact for community that recruit from
Band 4 associate practitioners – mental health services

Driven by vacancies in band 5 mental health workforce (wards)

Used Calderdale framework to develop competencies for APs

Work on ward and in community

APs in community run physical health clinics

Picture source: http://highbloodpressure.about.com/od/highbloodpressure101/ss/measure_sbs.htm
The role of peer support

Particularly used in mental health services

Benefits for supporter:
- Increased self-esteem
- Gain of skills

Benefits for patients:
- Reduced re-admission
- Empowerment

Barriers:
- Blurred social lines
- Exposure to stress

Picture source: https://facultynet.matc.edu/erd/
No “one” approach – different organisations, different solutions

- Independent teams of max 12 nurses – population 10,000
- Responsible for the complete process: clients, nurses, planning, education and finance and all kind of coordination activities
Current Examples

What are you doing?
Workforce change not without risk

1. Complements vs. substitutes
2. Fragmentation
3. Quality
4. Hit the competence miss the point
5. Sustainability
How to implement change

Source: http://www.calderdaleframework.com/the-framework/
Lessons from the literature: local enablers

- Staff - flexible, open minded
- Willingness to work with the change leader throughout the entire process
- Focus changes on patient outcomes.
- Staff proximity
Lessons from the literature: local barriers

- Lack of resources and capacity
- Professional resistance
- Lack of trust
- Lack of clarity - roles.
- Need for active support for delegation
Role clarity not helped by heterogeneity of titles

Allied Health Professional Advanced Practitioner

New Therapy Assistant roles

Associate Practitioner

Assistant Practitioner in neonatal services

Advanced Level Practitioner role

Senior Health Support Worker

New neonatal support worker role

Introducing advanced practitioners in its orthopaedic assessment service resulted in dramatic benefits for NHS Dudley.

two roles were developed; a Level 5 Wellbeing Coordinator which manages the development and evaluation of the scheme, and client intervention; and a Level 4 Wellbeing Coordinator, which involves only client intervention.

Band 4 Role of Assistant Practitioner for cancer care and palliative care.

developing the role of the Acute Coronary Syndrome Nurse

new Level 3 Community Navigator role

Community hospice creates Therapy Assistant role to meet growing demand
# Team working is critical

## Enablers
- Strong leadership
- Shared team objectives and underlying values
- Performance feedback and training
- Dedicated time and space for team learning

## Barriers
- Multiple lines of management
- Perceived status differentials between different groups of professionals
- Lack of organisational systems and structures for supporting and managing teams
- Inconsistent goals of care among multiple professional groups
Conditions for success – lessons from implementation

- **Workforce change** - driven by benefits to patients, staff and /or services.
- **Supportive context** – regulatory, professional, local leadership/champions.
- **Engagement** of key stakeholders
- Access to **resources**
- **Change management** process
- **Governance and support** structures.
How do you reshape the NHS workforce? – Support at all levels

**Professional buy-in**

**Local Culture**

**Education**

**Current Staff Mix**

- Numbers
- Roles, Skills

**Future Staff Mix**

- Numbers
- Roles, Skills

**Skill Flexibility:**
- Role substitution
- Role Delegation

**Skill Development:**
- Role enhancement
- Role enlargement

**New Roles**

**Training pipeline**

**Money**

**Contracts**

**Regulation**

**Technology**
Conclusion

- There are already great examples of skill mix change – the challenge is in scaling up best practice
- We need to develop a workforce that has core competencies and can work across professional boundaries
- We need to look at what we already have in the workforce (both medical and non-medical) and think about how it can be re-deployed to best effect
- Health and social care workforces should be viewed holistically as one impacts on the other
- We need to engage the workforce in change and foster collective buy-in
One vision of the future:

“The paradox of the future health system is that we will have much more primary care, and primary care will be more important than ever, but it will be supplied predominantly by patients and non-physicians, with back up from specialized primary care providers who are master diagnosticians and clinical decision makers, powered by health information and organizational supports”

David Blumenthal, Medical Professionalism in the New Information Age
Questions?