Reshaping the healthcare workforce – UK

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Understand the opportunities for skill mix change, as well as the challenges faced by those implementing change. Offer practical advice and guidance to national and local leaders.

Methods

- Review of academic and grey literature
- Seminar senior stakeholders with expertise in this area (June 2015)
- Survey of all local Health Education England offices
- Further in depth interviews senior stakeholders (Sept –Dec 2015)
- 7 case studies – spanning multiple sectors and roles
National policy recognition that new models of care rely on significant change in the workforce

“We can design innovative new care models, but they simply won’t become a reality unless we have a workforce with the right numbers, skills, values and behaviours to deliver it” (Five Year Forward View, 2014)
An urgent need for change

**Work** needs to be done to meet patient needs ≠ **Staff Mix** Numbers, Roles, Skills
But for new skills and ways of working – can not rely on training pipeline alone

Current Staff Mix

Numbers
1.3 m
Clinical
800k

Roles, Skills

Current training pipeline
8,000 medical graduates
30,000 nurses & AHPs p.a.

Skill Flexibility:
Role substitution Role Delegation

Skill Development:
Role enhancement Role enlargement

New Roles

Future Staff Mix

Numbers
Roles, Skills
There is a lot happening

- “Paramedics working in A&E resus”
- “MRI assistant practitioners”
- “Advanced nurse practitioners leading out of hours”
- “Generic apprentice”
- “Holistic worker”
- “Assistant practitioner, maternity”
- Physicians associate
Important opportunities to **extend and develop skills** in the non-medical workforce

- Expand number of advanced roles
- Extend skills – work to top of license
- Develop and expand support workforce
The support workforce: 245k – NHS, 1.16m – Social Care

“motor for the rest of the workforce”

“the big numbers that can make a big difference”

Opportunities

Opening access through a “skills escalator” approach

Improved patient experience and outcomes with fundamental care

Key underpinning to the professional workforce – ameliorating workforce gaps and stress

Challenges

Lack of role clarity

Lack of regulation

What is ideal patient/band 1-4 & registered nurse ratio?

Potential fragmentation of care
Advanced & extended roles: an introduction

There is no standard, accepted definition of advanced practice.

Development often driven by lack of junior doctors, and to some degree, specialists.

Come from a range of backgrounds (e.g. nursing, paramedic) and are employed across all sectors.

Training variable from in-house to Master’s degree.

Continue to sit on their own professional register – no additional registration.

Generally paid around £40 - £50,000.
Holistic worker, Nottingham CityCare

Up-skill registered workers (e.g. nurses, AHPs) across each others’ disciplines

E.g. A nurse can visit to undertake a full nursing assessment, and at the same time sort out basic occupational therapy or physio issues.

Results in more holistic care, efficient use of time and fewer referrals

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>✓ Staff could see why change needed</td>
<td>❌ Professional resistance</td>
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<tr>
<td>✓ Staff engaged in change</td>
<td>❌ Time for training</td>
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<tr>
<td>✓ Good comms incl promotional video</td>
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<td>✓ Staff in new roles acted as champions</td>
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Paramedic practitioners in primary care

GP practice in Whitstable using paramedic practitioners to do GP home visits

Success:

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

But unsuccessful elsewhere in Kent – implementation lessons

Picture source: http://www.bbc.co.uk/news/uk-england-30002657
Advanced Clinical Practitioners (ACPs) at Sheffield Teaching Hospitals

- Developed Faculty Board for Non-Medical Advanced Practice
- 70-80 ACPs working across a range of services
- Developed first ACPs in 2006 in response to EWTD. Developed at-scale in 2012 due to lack of junior doctors

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<td>✓ £4.35 million central funding</td>
<td>✗ Retaining ACPs (pay competition)</td>
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<tr>
<td>✓ Coordinated faculty approach</td>
<td>✗ Professional resistance</td>
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<tr>
<td>✓ Strong buy-in, clinical and board</td>
<td>✗ Some resistance to supervision</td>
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<tr>
<td>✓ Partnerships with University</td>
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<tr>
<td>✓ Strong mentorship and supervision</td>
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<td>✓ Devoted roles to manage process</td>
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Advanced roles: Opportunities and challenges

**Opportunities**
- Fill medical workforce gaps
- Improved learning and development for staff who work with ACPs
- Improved system and clinical continuity
- Provide holistic care
- New career pathway and staff satisfaction

**Challenges**
- Challenges to prescribing for those from paramedic background
- High training costs
- Professional resistance and may deplete other parts of workforce
Opportunities

• Improved clinical continuity
• New career pathway to attract new talent to the NHS workforce
• Improved learning and development for staff who work with PAs
• Help fill medical workforce gaps & support medical training

Challenges

• Inability to prescribe and require ongoing supervision
• Small numbers of PAs
• Lack of peer support and formal career path
Team working critical

“You have to have the basics of team-working in place in order that introducing [a new] role or changing roles will be effective” – Michael West

• Quality of team work => quality of care
• To be effective, all teams must have a clear understanding of what their core purpose is and how skill mix change can help achieve it
• Think about existing skills in the team and how they will work with new roles
• Clear roles and responsibilities
• Enable delegation of decision making rights where possible
• Teams can make extensive use of lay and support workers – Iora Health
• Benefits from self-managed teams using one profession but with extended roles – Buurtzorg community nursing model
Lessons for implementation

- Build roles on a detailed understanding of patient needs and necessary skills
- Strong communications and change management strategy
- Invest in the team not just the role
- Support task delegation - you may need to de-commission old roles if commissioning new ones
- Build sustainability through clear career pathways and evolve to make the best use of new skills
- Evaluate the impact of your workforce redesign
How national bodies can help

- Needs dedicated and protected investment
- More consistent nomenclature and national competence frameworks
- Need for consistent messages from system regulators – new and extended roles
- Bridge the current regulatory gap – professional and system regulators
- Help resolve legal indemnity challenges in primary care
- National research and evaluation – with guidance for local evaluation
How do you reshape the NHS workforce? – Support at all levels

Professional buy-in  Local Culture  Education

Current Staff Mix
- Numbers
- Roles, Skills

Skill Flexibility:
- Role substitution
- Role Delegation

Skill Development:
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New Roles

Training pipeline

Future Staff Mix
- Numbers
- Roles, Skills

Money  Contracts  Regulation  Technology