Reshaping the NHS workforce: the opportunity and the challenge

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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
Workforce not well matched to the work

Staff Mix
Numbers
Roles, Skills

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Work needs to be done to meet patient needs
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
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
But most of the professional workforce who will be in the NHS in ten years time – are working in it now.
Emerging themes from the Vanguards - HEE

- Roles to support Care Navigation
- Enhanced roles for Band 1-4
- Enhancing therapy skills of clinical staff
- Transferring skills between sectors eg hospice into care homes for End of Life Care
- Use of paramedics outside ambulance service
- Development of Physicians Associates
- Better integration with social care
- Supply shortages driving role substitution

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
Holistic workers – Nottingham CityCare

Aims to up-skill registered workers (e.g. nurses, AHPs) to band 4 level across each others’ disciplines

E.g. a nurse can visit to undertake a full nursing assessment, and whilst she’s there, sort out basic occupational therapy or physio issues

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

Picture source: http://www.northerntrust.hscni.net/images/iStock_000014851771XSmall.jpg
Care Navigators work with older people to aid appropriate use of services, provide support and advice.

E.g. assist older people in accessing district nursing, state benefits or community-based activities.

Recruited from a variety of backgrounds – health and social care or information and advice services.

Often employed by charities or social care organisations.
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/
Workforce change not without risk

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

Source: http://www.calderdaleframework.com/the-framework/
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

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

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

**New Roles**

**Training pipeline**

**Future Staff Mix**
- Numbers
- Roles, Skills

**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
Questions?