Workforce Transformation

Prof Lis Paice OBE FRCP
North West London Whole Systems Integrated Care

Julie Screaton, Managing Director, Health Education South London
5 themes from 30 enquiries into major deficiencies in health care: (K Walshe Oct 2002 BMJ)

- Poor communication
- Disempowerment of staff and patients
- Ineffective systems and processes
- Isolation
- Inadequate leadership/management
Integrated Care

- Patients at the centre – empowered and informed
- Professionals, services and organisations working together
- Proactive care - assessing risk, intervening earlier
Factors for Success in Integrated Care
DH/RAND Study 16 pilots 2012

• Strong leadership
• Relationships at a personal level across organisations
• Shared values and vision
• Widespread staff engagement
• Education and training of staff, specific to reforms
Why does it have to be so hard?
Skills for Staff in Integrated Care

• Working with empowered patients
• Recognising the roles and expertise of others
• Working across a variety of settings, teams
• Respecting data
• Communicating effectively
• Taking responsibility, being proactive, innovating
Educating for Integrated Care

• Secondments to different settings
• Paired learning (eg manager/doctor)
• Coaching and motivational interviewing
• Multidisciplinary case conferences
• Action learning sets
• Understanding patient experience
Engaged and challenged, not stressed

From Peter Hawkins
Pathway Simulation

GP Surgery
Pharmacist
Home
Ambulance
A&E
The Patient Journey

- Family doctor
- Ambulance
- Ward
- Imaging
- Social care

Production line
HEALTH & CARE LEADERS FORUM

Workforce Transformation Breakout Session
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Julie Screaton,
Managing Director, Health Education South London

Dr Charles Bruce,
Managing Director, Health Education North West London
The NHS is simply the infrastructure that supports interactions between people, so that when a person comes to the NHS for help, their needs can be met by people who have the right skills, values and behaviours in sufficient numbers to provide high quality care when required.

This is why HEE exists: to improve the quality of care for patients through investing our £5 billion in the numbers, skills, values and behaviours of staff.
But this simple purpose can be hard to deliver because of the following issues:

**The scale of the task**
- Over 1.3m staff in +300 jobs in +1000 organisations
- Treating 1m patients every 36 hours

**Lead in time**
- 13 years to train a Consultant, 10 years to train a GP, 3 years for a newly qualified nurse
- Medics in training now will still be working in 2060

**Today & tomorrow**
- Our investments in the future workforce have to be based upon assumed future models of care
- But patients also rely on trainees to provide care today

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And the health and social care workforce is much broader than the NHS...

3 million
Volunteers

1.6 million
Social care employees

1.4 million
NHS employees

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The consequences of not balancing need with supply can mean that:

- **Patients suffer**
  - Healthcare is unlike any other economic good
  - If there are significant gaps in the required workforce, the results can be catastrophic for individuals and their carers

- **Time to rebalance**
  - Because of the long training times, gaps cannot be quickly rectified – international supply exists for some professions but not all
  - Oversupply can result in unemployment, wasted tax payers money, and be a cost driver for employers who have to disinvest elsewhere

- **Service models ossify**
  - Future service models can only be delivered if we have staff with the right skills in the right places to deliver them
  - If we don’t have the right staff, service may be locked into outdated models and patients will not reap the benefits of technology etc.
Workforce Trends 2002 – 2012
Did we mean to do this?

Phases of service and workforce growth:
- Wanless – 2002-2005
- Wanless II – 2007-2010
- QIPP – 2010 onwards
- Francis – 2012 onwards?

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The Strategic Challenge

• How can we ensure the investments and decisions we make better reflect the needs of patients today and tomorrow?

• Driving service transformation, not just more (or less) of the same?

• Ensure flexibility for an unknown future yet within a planned system that supports current service delivery?

• Our best chance of success us for the system to focus on the likely characteristics of The Future Patient…
DRIVERS OF CHANGE

EXPECTATIONS (PEOPLE/STAFF)

DEMOGRAPHICS/POPULATION PROFILES

TECHNOLOGY & INNOVATION

SOCIAL, POLITICAL, ECONOMICAL AND ENVIRONMENTAL

EVIDENCE OF QUALITY

SUPPLY STAFF AND SERVICE MODELS

PEOPLE & PATIENTS OF THE FUTURE

HEALTH OF THE POPULATION: MULTIPLE/COMPLEX CONDITIONS

INFORMED, ACTIVE AND ENGAGED

“UNIT OF NEED AND PROVISION” ACROSS COMPLEX BOUNDARIES

INDIVIDUAL CHOICE AND SOCIETAL FACTORS

NHSE STRATEGIC CHARACTERISTICS

PATIENTS EMPOWERED IN THEIR OWN CARE & SERVICE MODELS CO-PRODUCED BY PATIENTS

WIDER PRIMARY CARE, PROVIDED AT SCALE

A MODERN MODEL OF INTEGRATED CARE

ACCESS TO THE HIGHEST QUALITY URGENT AND EMERGENCY CARE

A STEP-CHANGE IN THE PRODUCTIVITY OF ELECTIVE CARE

SPECIALIST SERVICES CONCENTRATED IN CENTRES OF EXCELLENCE

PUBLIC HEALTH ENGLAND

FUTURE WORKFORCE

COMMISSION EDUCATION & TRAINING TO SUPPORT PEOPLE AND CARERS TO PREVENT ILL HEALTH AND MANAGE THEIR OWN CARE

COMMISSION EDUCATION TO ENABLE A WORKFORCE WITH SKILLS TO CARE FOR PEOPLES PHYSICAL AND MENTAL ILL HEALTH AND NOT ORGANS.

COMMISSION EDUCATION AND TRAINING TO EQUIP STAFF AND PATIENTS WITH THE SKILLS FOR CO-PRODUCTION MODELS OF CARE

EDUCATE AND TRAIN STAFF IN THE RIGHT NUMBERS, SKILLS, BEHAVIOURS AND VALUES TO WORK ACROSS ALL SETTINGS 24/7.
We need to work together to achieve better care for patients today & tomorrow

with commissioners
- To understand, align (& challenge) each other’s plans
- To ensure the service vision (designed around future patients & users) can be realised by the workforce

with providers in all sectors
- So that we understand supply & demand issues from current employers
- And have better sharing of data across sectors recognising we are all fishing in the same pool and serving the same people

with users, patients & citizens
- So that we are supporting people to have healthier lives, providing appropriate responses that reflect the broader needs of people today AND tomorrow, rather than responding through professional/sector lens

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The call for evidence for the London Health Commission and expert group highlighted three key workforce challenges in London

1. Potential adverse impact of changes to funding allocation on training and education in London

2. 'Hotspots' in London with particular challenges recruiting and retaining staff

3. Overall shortage of skills needed to deliver high quality, integrated care in London
Shortage of skills for high quality, integrated care: we need to find the London response

Many examples of shortages, in staff numbers and/or skills needed to deliver high quality, integrated care...

- Shortage of acute nurses
- Shortage of midwives
- Shortage of A&E doctors
- Shortage of community nurses & AHPs
- Shortage of psychiatrists
- Shortage of geriatricians
- Shortage of mid-grade A&E doctors

- Greater flexibility needed
- 24/7 staffing rotas not sustainable
- Staff need to work together better
- Shortage of community nurses & AHPs
- Shortage of midwives

...what should our response be as a system?

Many of these challenges are significant and are also being faced outside London

What should be the London response to these challenges?
- New workforce models and/or roles?
- Retraining existing staff?
- Tools to facilitate workforce improvement?