Workforce redesign

Ruth Alcolado
Workforce planning (reforms)

**England**
- Landsley reforms in England
  - Effectively got rid of any centralised workforce planning
  - Individual hospitals/commissioners would plan their own needs and *compete* for staff

**Wales**
- Deanery
- WAG – WEDs group
- Directors of WOD and MDs of HBs/Trusts workforce group

But it takes 8-13 years to train a GP or consultant

3+ years to train a band 5 nurse

Longer to commission new professional training
Influences on workforce requirements

Things that change

- The work
  - New technologies, treatments
- Organisational structures
- Finances
  - Austerity, political choices
- Patients
  - Increasing co-morbidities
- The professions
  - Nursing
  - Medical
  - New registered professions
- Legal/political
  - EWTD
  - Immigration
  - Targets

Things that stay much the same

- The work
  - People’s needs
- Finances
  - Never enough
- Patients
  - people
- The professions
  - Professional regulation
Professional regulation

• Which of the following are unregulated healthcare professions?
  
  • A) operating department practitioners
  • B) biomedical scientists
  • C) art therapists
  • D) health care assistant
  • E) orthotists
• Correct answer is ..... D
Professional regulation

- GMC
- GDC
- NMC
- HCPC
- GPhC

- Anyone using a regulated title must be registered with the relevant professional body but using other titles can get round this e.g. *nutritionist* vs dietician
Change in consultant workforce 2008-2014 (Wales)

- a) -2%
- b) + 5%
- c) +7%
- d) + 10%
- e) + 20%
- f) + 27%
• Correct answer is ....... e
Workforce Wales

Workforce percentage change from 2008 to 2014

- Consultants
- Qualified Midwives
- Qualified Nurses & HV
- Allied Health Professions
- Healthcare Scientists & Support
- NHS infrastructure support
- Support to clinical staff
- GP (Stats Wales)
Demography

• As population ages there is greater demand on the health service
• 2015 -2030 Wales population set to increase by 5-6%
• However the over 65y group will increase by 28%

Health foundation 2016 – The path to sustainability
Changing workforce - influences

Organisational policy
- Governance
- Legal requirements
- Finance

Organisational culture
- Clinical engagement
  - Planning together
  - Improving together
- Communication
  - Up and down
  - Across ‘silos’
- Innovation
  - Allowed to fail and learn
Seed in the ground
(its all in the preparation)

• **Tarmac** – Lack of leadership
  – No team engagement
  – Teams having new roles thrust upon them

• **Stony Ground** – No clear objectives for change
  – Is it primarily improved patient care or financial savings?

• **Choked by weeds** – Lack of responsibility
  – Blame game

• **Well prepared ground** – Positive working culture
  – Good interpersonal dynamics, planned change with team engagement, robust & timely evaluation, team learning, patient centred, structured quality improvement
Invest in the team
- not just the role

• “You have to have the basics of teamworking in place to ensure that introducing the role will be effective because its like planting seeds in a barren ground if you are introducing new roles ... into teams that don’t have clear objectives, don’t review performance or are not clear about roles and tasks”
  — Michael West, Head of Thought Leadership, Kings Fund
Taking the team with you....

- Different Teams and Individuals Move at Different Speeds

![Graph showing the timeline of team emotions: Enthusiasm, New start, Energy, Neutral, Wary, Loss, Grief, Lethargy over time.](image)
Approach to workforce planning

• At service level
  – Define/redefine the patient pathway
  – Document the interventions at each stage
    • capture the inter personal as well as clinical
  – List the skills and competencies needed

  – Lastly define the personnel that have or can have
    the skills and competencies required and the
    support systems and training that is required

• Do this with the service – preparing the ground
A worked Example

- Acute and Internal medicine
  - Referral process
    - GP/GP OOH expected
    - A&E referrals
  - Triage
    - Phone
    - Face to face

- Draft 1

Patient flow through the new model draft  2015-07-23
Ruth Alcolado
Workforce role redesign - 1

- The paramedic used to bring folk to ED knowing they needed to see a physician
- Now they can phone either the bed manager (experienced nurse), or the acute physician and refer direct to medicine (AECU or medical nurse triage)
- Simple pathway document for paramedic crews
- Resulted in 2 hour reduction in time from arrival at hospital to consultant physician review
Workforce role redesign - 2

- The joint emergency therapy team (JETT)
- Redesign now includes social workers
- OT and PT trained as trusted assessors for local authority
- Therapy support workers
- Now see adult patients at all front door points –
  - A&E, AECU, AMU, SAU
Workforce role redesign 3

• Slow uptake of new pathways due to insufficient clinical engagement by clinical lead
  – Positive in that this gave new staff time to engage
  – Negative as slow to see the patient benefits

• Constant re-evaluation and ‘tinkering’
  – Aided by regular review meetings
  – Data collected on everything
  – Mini PDSA cycles
New professions

- Physicians associates – where are we in Wales?
  - MDs and WODs group set up PA Task and Finish group and developed an All Wales Governance Framework for PAs
  - 2 courses set up in Wales, first graduates due in summer 2018
  - Working on designing internships in Wales
  - PA regulation currently under review (UK)
New roles for existing professions

• Common ailments scheme
  – Community pharmacies

• Viral Hepatitis testing
  – Using needle exchange pharmacies
  – Community pharmacies buck the inverse care law

• Emergency optometry
  – Acute red eye, visual disturbance now seen in community optometry instead of GPs
Not all roles are the same

• Which of the following newish roles have a mandated masters level education?
• A specialist nurse
• B advanced nurse practitioner ANP (Wales)
• C extended nurse practitioner ENP
• D GP practice nurse
• E advanced nurse practitioner ANP (England)
• F all ANP (B+E)
• And the correct answer is ...... B
Not all roles are the same

• Important when redesigning workforce to have some consistency in nomenclature
• CNO Wales has laid down educational and experiential standards for a role to be called an advanced practitioner
• Flexibility is also important as long as in the service design process there is clarity about the knowledge and skills required
Candace Imison – May 2016
‘reshaping the workforce to deliver the care patients need’

• **Positives**
  - Reshaping the workforce offers many potential opportunities
  - More patient focussed care
  - Improve health outcomes
  - Enhance career pathways
  - Address workforce gaps
  - Reduce reliance on temporary and locum staff
  - Improve efficiencies

• **Negatives**
  - There is evidence that without careful role and service redesign introducing new roles can
  - Increase demand
  - Fragment care
  - Supplement rather than substitute
  - Threaten quality
  - Cost rather than save
Further references