

East of England Clinical Senate

Assembly
21st October 2014



Patrick Mitchell

Director of National Programmes,
Health Education England

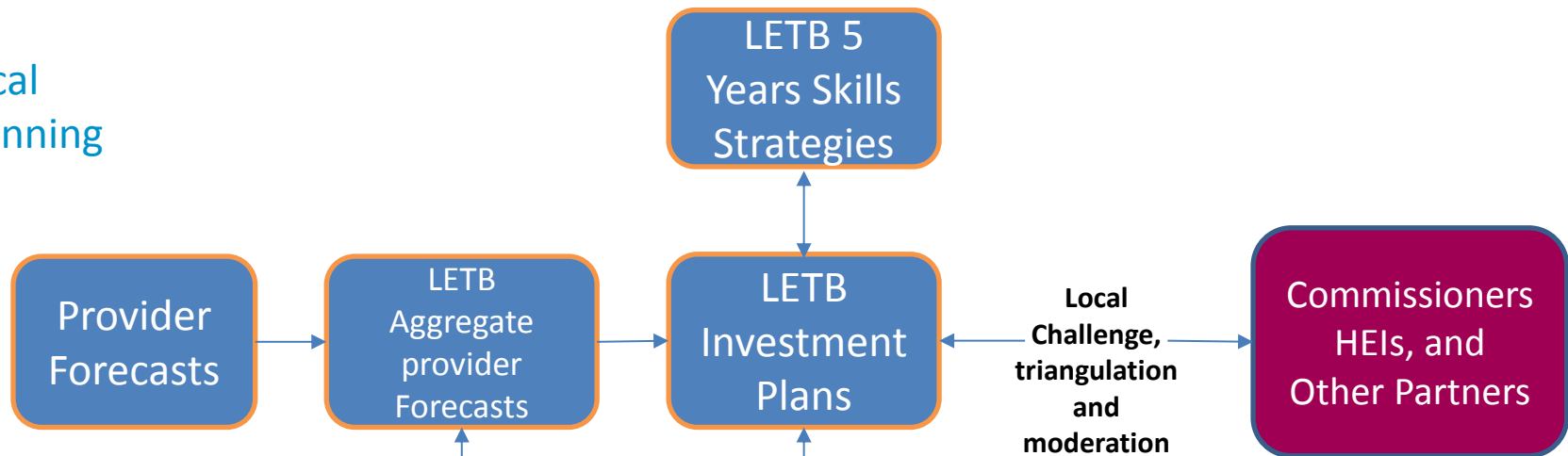


**Planning a workforce for 7 day working
East of England
Clinical Senate**

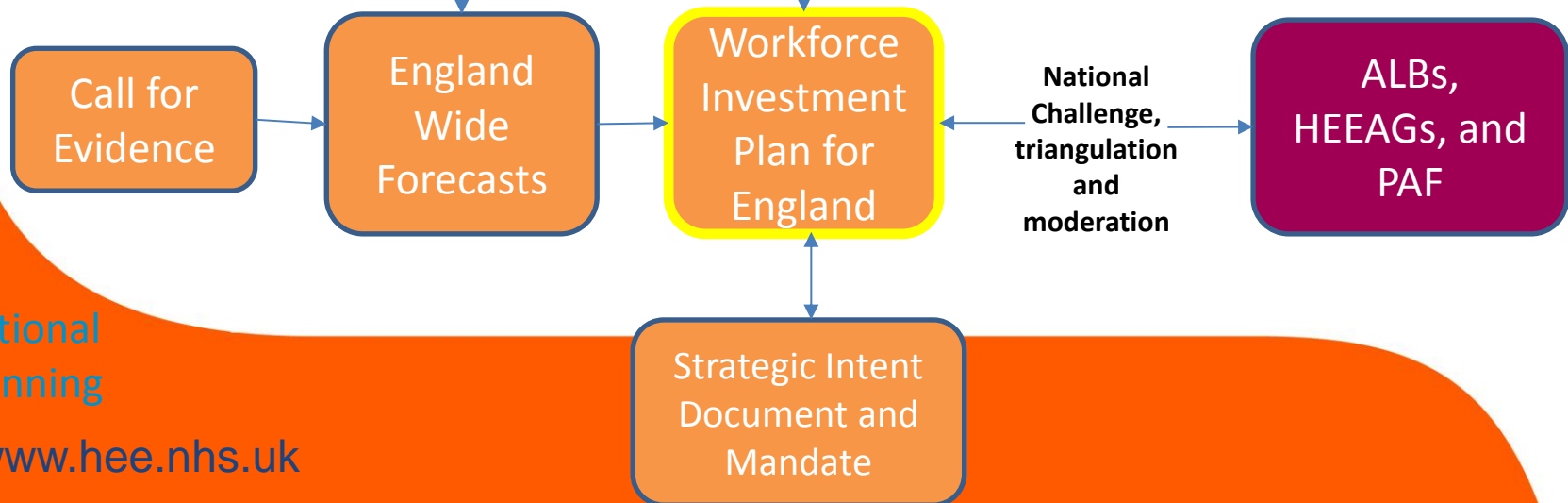
- Patrick Mitchell
Director of National Programmes

HEE Workforce Planning Process 2013

Local
Planning



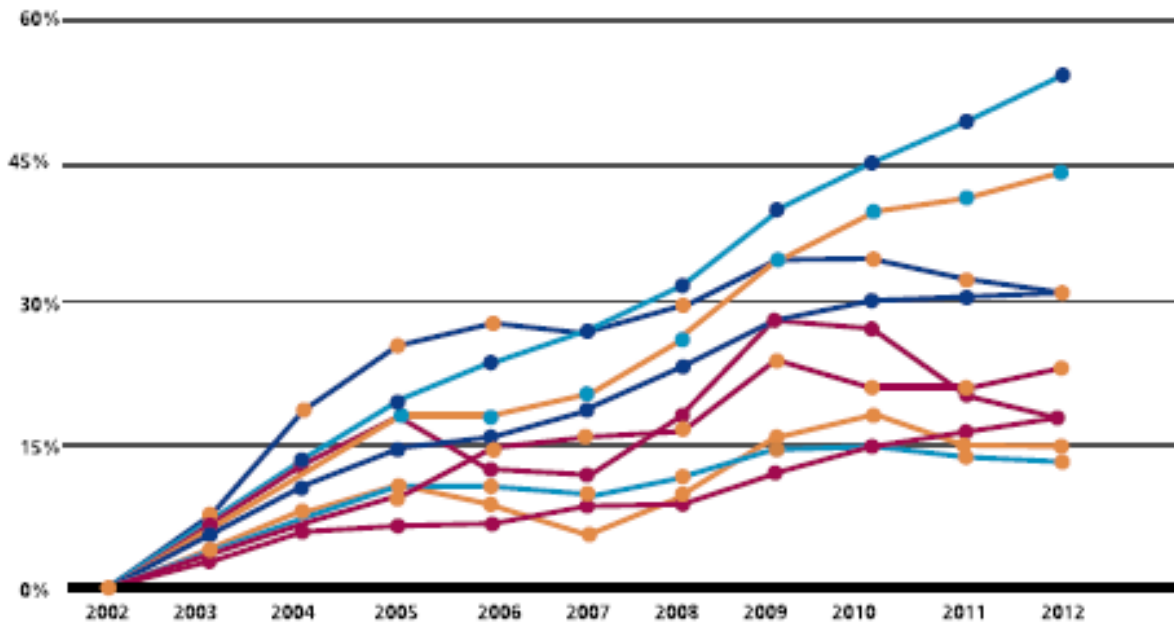
National
Planning



Workforce plan for England extract

Historical trend for investment in workforce (taken from 'Workforce Plan for England'. HEE, December 2013)

Historically, the main drivers for investment and disinvestment in the overall workforce as a whole appears to have been a reaction to a combination of factors including the economy, politics / policy and supply driven demand.




The Consultant workforce grew most, by over 50% (although the UK still remains below other nations in terms of number of doctors per 1,000 population). The World Health Organisation (WHO) ranks UK 41st, with only 2.77 physicians per 1,000 population.

- Consultants
- NHS Pharmacists
- Scientists
- AHPs
- GPs
- Registered Midwife
- Infrastructure
- Support to clinical
- Registered nurses

Actual % growth in workforce by type between 2002 and 2012

Competency frameworks


- Workforce competency review and skill mix planning should be clinically led and supported by HR and workforce planners
 - Yorkshire and Humber LETB have adopted the “Calderdale framework” across their geography with all 16 Trusts signed up to its use
 - Provides a single language and way of working thus providing opportunities for shared education and training across multiprofessional groups
 - Provides a shared understanding of roles, skills and professional accountabilities
 - Supported development of the alternative workforce – right skills and competencies for a given clinical workload
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Advanced clinical practitioners

- Advanced clinical practitioners across a range of nursing, science and AHP professions
- ACP in EM - development group have defined a core minimum set of competences for ACPs based on the Membership examination for the College of Emergency Medicine - first time there is a national minimum standard for ACPs.
- Maps to Calderdale framework
- Next steps are to
 - Describe and agree educational preparation
 - Define the assessment framework
 - Develop a national growth plan by geography
 - Disseminate the work



Physician Associates

- About 250 physician associates working across UK and over 100 in training
 - Mostly Science graduates that undertake a further 2 years training
 - Work in many areas of secondary and primary care
 - Barrier to their employment – not able to prescribe medication/request x-rays
 - HEE supporting Royal College of Physicians to create a Faculty for PAs.
 - Faculty will manage voluntary register, re-accreditation examinations and CPD
 - HEE and RCP Faculty will lobby for form of statutory registration -lead to work to enable prescribing for PAs.
 - 4 programme in England - at least 7 more opening between 2015/17
 - HEE in discussion with UK Student Loans and DH on options for ongoing funding
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Pharmacists

- Likely surplus of pharmacists in the system
- The role of community pharmacists is emphasised within the Urgent and Emergency Care review
- New programme for developing community pharmacists' clinical consultation skills
- Some GP practices employing clinical pharmacists as part of team
- Pilot - pharmacists in the Emergency Department staffing:
 - Managing minor ailments at front door of ED
 - As a specialist pharmacist supporting the wider clinical team and reducing poly-pharmacy



Paramedics

- The Paramedic Education and Training Steering Group to make recommendations with respect to the conclusions from the Paramedic Evidence-Based Education Project (PEEP)
- Review of scope of practice and education entry level, careers structure, financing education and training
- Close work with College of Paramedics and Ambulance services in UK
- The Urgent and Emergency Care Review recommends using paramedics to manage the “hear and treat” and “see and treat” initiatives
- The group will also consider the use of paramedics within ED and primary care

Workforce support – Better Training Better Care

Aims to improve the quality of training and learning for the benefit of patient care

Professor Sir John Temple: *Time for Training*

- ‘Making every moment count’
- ‘Appropriate supervision’ and/or ‘Consultant present service’
- ‘Service delivery must explicitly support training’



Pilot project

Mid-Cheshire Hospitals NHS Foundation Trust –

Enhanced Training & Education in Handover & Supporting Electronic Solution



1. Provide training to develop key handover skills such as leadership, task prioritisation and time management
2. Support handover
3. Modify the structure, standardise the handover process and utilise the good practice guidelines.

**Estimated
£156,200 savings
over 3 months**

**Demonstrated an
82.6%
improvement in
'out of hours'
tasks being
handed over and
completed after
the interventions**

**Statistically
significant 10%
increase in 'out of
hours' discharge
rates, without any
negative effects on
length of stay**

**Video observation
results revealed
that 60% of
handovers
adhered to the
'Think FIRST'
technique**

Enabling 7 day Care & Hospital at Night

Supports 7 day care

- Rota redesign and out of hours care
- Provision of dedicated learning time at weekends
- Improvement in out of hours tasks being completed
- There has been a statistically significant increase in out of hours discharges and reduction in length of patient stay.

Supports Hospital at Night

- Pilots have encouraged managers to look at what happens in their hospital night
- Supports HaN as the means to raise awareness of patient safety and maximise efficiency of staff at night
- Places the patient in the centre of any change process



Trainees as change agents

Trainees demonstrated outstanding leadership skills championing their pilot projects during implementation and outside of the pilot environment.

East Kent – EM rota

Trainees displayed strong leadership and enthusiasm for the pilots and trainers reported strong leadership of FP doctors and registrars in handovers.

Trainees felt better supervision and support allowing them further development

Mid Cheshire – Handover

Trainees moved to other trusts and requested the pilot initiative to be implemented in their new roles.

Clear leadership in the handover process was clear in 100% of meetings

Leeds and York – Decision making in psychiatry

Trainees championed the system and took on a strong leadership role from the outset.

100% trainees higher confidence, 83% felt benefitted by the change

Integration of training in care

Trainees became more integrated in the delivery of care and in the wider multi-disciplinary team. This has had a positive effect on patient care and improved communications and multi-disciplinary team working.

Mid Cheshire – Handover

Greater consultant input at handover meetings, with registrars taking on leadership roles in their absence.

82.6% improvement in 'out of hours' tasks handed over and increase in staff satisfaction

King's – RAT+

Increased consultancy support, improved patient time to treat and presented opportunities for nurses to develop.

Significant improvements in time to treatment and time to referral

Dudley – Prescribing

Better working relations and understanding between pharmacist and trainees, with improved knowledge by trainees in prescribing and in national guidelines.

Improved relationships in pharmacy department

Impacting on culture, efficiency and effectiveness

Several of the pilots have had a positive impact on culture, efficiency and effectiveness in the implementation of their pilots.

South Manchester – Surgery

Reconfiguring theatre lists exposed trainees to concentrated training in specific areas, trainees developed better skills and gained confidence in performing simple procedures across specialities

12.7% increase in supervised operative training

Leeds and York – Decision-making in psychiatry

Rota change allowed more trainees to come on day duty and have greater exposure to training and support, this improved productivity, communications and MDT working

Increases of 37.7% weekday, 29.1% weekend and 22.1% night shift activity

Mid Cheshire – Handover

Greater degree of efficiency in performing handovers, better quality information recorded and an increase in the number of tasks completed.

82.6% improvement in 'out of hours' handover and 10% increase 'out of hours' discharge

Summary

Supports 7 day care

- This is not just about doctors
 - It takes time to produce the future workforce!
 - Competency frameworks can support clinical workforce planning
 - Don't throw doctors and nurses at this without looking at the alternatives on offer
 - Work with local workforce planners and the LETB to develop what you require
 - Don't forget the current workforce needs
 - By reviewing medical education organisation and delivery (Temple) you might solutions closer and cheaper to home!
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