Urgent and Emergency Care Service Models & Workforce Summit

Hallam Conference Centre,
London
4 December 2014

Wifi: HCC GUEST
Password: hallam44
Welcome and Introduction

Heather Strawbridge, Chair
NHS Confederation’s Urgent & Emergency Care Forum
Implementing the vision: key components of a new model for urgent & emergency care

• Professor Keith Willett - National Clinical Director for Acute Episodes of Care, NHS England

• Dr Caron Morton - Accountable Officer Shropshire Clinical Commissioning Group and leading the NHS Commissioning Assembly Working Group, within NHS England Urgent and Emergency Care Review
UEC Service Models and Workforce Summit: framing the issues

Rob Webster, CEO, NHS Confederation
The context

• NHS England predicts a **£30bn funding gap** by 2021
• By 2025, projection is **18mn people** in England will have at least one **Long Term Condition**
• The number of people with **three or more conditions** is expected to rise from 1.9mn to 2.9mn, between 2008 and 2018
• The number of **younger adults with physical sensory impairment** has risen by 7.5 % - from almost 2.9mn to 3.1mn
• The **population aged 65 and over** will grow by 1.92mn in 2012-20
• Greatest population growth is expected in those **aged 85 or older**
• People in the poorest areas of England will, on average, **die seven years earlier** than people living in the wealthiest areas.
Emergency care: an accident waiting to happen?

In July this year we surveyed our members to find out what they think are the causes of A&E pressures, and how we can reduce them...

- 66% say frail older people with long-term conditions are having the biggest impact on A&E pressures.
- 54% say hospitals won’t hit their winter waiting targets this year.
- 79% say NHS 111 is not a big cause of A&E pressures.

The public want to see fewer pressures on A&E. Our members think these solutions could help...

- More money for primary and community care.
- Winter pressure money for hospitals sooner.
- Public-facing campaign on alternatives to emergency departments.

www.nhsconfed.org/urgentcare
Is the system ready?
NHS England’s new UEC models

There is broad cross-professional agreement, however:

- Insufficient out-of-hospital offer and capacity
- Pressure on EDs continues
- Effective interface between urgent and emergency care
- Strategic and operational clarity on UEC Networks
Specific concerns

- **Operational implementation**, including:
  - Political implications of centralised services
  - Workloads and capacity of individual professions
  - Funding
  - Organisational and systemic culture

- **The staff we will have, are the staff we currently have**: re-skill, or use differently, the existing workforce

- Clearly assign **system leadership** for UEC – local flexibility

- **Address fragmentation** – NHS 111, UEC networks
Key workforce issues

1- Transitional workforce models and roles

• Need to identify transitional solutions which will keep the system stable until longer-term models are implemented

• A menu of options is possible and will depend on local context:
  o Specialist out-reach into the community
  o PHC/ social care out-reach into hospitals
  o Teams co-location

• Could be supported by new/ alternative roles:
  o Physician Associates
  o Liaison psychiatry
  o Advanced Paramedic
  o Community Nurses
2- Primary and secondary care interface

- Flexible skills and multi-disciplinary approaches to develop a porous membrane between primary and secondary care
- Develop teams, not just individual professional groups: training and work-sharing
- Health and social care integration; and working jointly with the voluntary sector
- Consistent access to 7-day services, including in primary and community care
Key workforce issues - continues

3- Workforce planning

• Balance workforce development with retention – it is paramount to ensure adequate staff recruitment and, most importantly, retention

• Adopt more sophisticated definitions of reward – life/ work balance vs. pay

• Life-course workforce planning and portfolio careers
Key workforce issues - continues

4- Training and workforce development

• Adequate decision making support,

• Access to more generalist skills, while ensuring sufficient levels of specialist skills where and when necessary

• Ensure that new UEC models enable staff to access development opportunities – for example, rotating staff across the UEC network(s)

• Amalgamate mental health expertise into multi-disciplinary teams
How can we ensure that the care model drives the workforce design?

Please identify:
What are we trying to achieve in the next 2 - 5 years?
What issues that we need to tackle to achieve these outcomes?
Q&As & Discussion
Breakout discussions

The audience will be divided into breakout groups to have separate, facilitated discussions. Each group should refer to the themes emerging from the previous presentation, and consider the following questions:

• **What outcomes are we trying to achieve in the next 2 - 5 years in order to transform UEC services?**

• **What are the issues that we need to tackle, in order to achieve these outcomes?**
Feedback

Alastair Henderson, Chief Executive
Academy of Medical Royal Colleges
A common narrative – urgent & emergency Care transitional workforce models

• Karen Roberts - Course Director & Senior Lecturer, PG Dip Physician Associate Studies, St Georges’ University, Chair of the UK PA National Exam Subcommittee UKIUBPAE & Primary Care Physician Associate

• Reb Kean - Mental Health Physician Associate & Advanced Nurse Practitioner, Birmingham & Solihull Mental Health Foundation Trust

• Cathryn James – Clinical Support for National Ambulance Medical Directors Group, Clinical Pathways Advisor and Advanced Paramedic, Yorkshire Ambulance Service NHS Trust
PHYSICIAN ASSOCIATES: How did we get here?

- Role developed by **doctors**
  - Shortage of primary care services
  - Medical Education Model
- Increases capacity and access to care
- Redistributes doctor workload
  - Similar scope of practice: PAs perform ~90% of same work as supervising doctors
- PAs work under defined levels of supervision
- Students enter with **undergraduate life science degree**
DH SPECIFICATION FOR PA EDUCATION

Competence and Curriculum Framework
Competencies
Procedural Skills
Matrix of Conditions

Programme Specification
~ 3200 hours over 2 years
~ 50% clinical placements
   (incl. 200 simulation hours)
~ 50% theory

National Examination ensures UK-wide standards

PAs: a FLEXIBLE workforce, educated like doctors, trained as GENERALISTS, who can move into any specialty and help fill a service need
Breakout discussions

The audience will be divided into breakout groups and hold separate, facilitated discussions. Each group should refer to the outcomes and issues identified during the first round of discussions, and then consider the following key questions:

- **What actions do we need to implement, in the next 2-5 years, to achieve the outcomes that we are setting out to achieve?**

- **Which stakeholders will need to be involved in implementing these actions?**
Feedback

Alastair Henderson, Chief Executive
Academy of Medical Royal Colleges
0 – 2 years
System wide use of data that measures helpful indicators
Understand public decision making & communicate clear service offer
Exploit underutilized skills of current workforce & up-skill
Create a vision and hope
Make the current system work through greater integration and co-location
Get consensus on primary care model
Educate professional groups about each other
4 hour operational standard met

2 – 5 years
Payment system that fits
Effective workforce planning that supports 24/7 multi-disciplinary services
End postcode lottery
Use third sector more effectively
Priority outcomes in five years?

• Integrated multi-speciality primary care, effectively managing registered populations and reducing demand for urgent care
• Co-location of primary care and emergency departments as standard
• Re-designation of emergency departments as major/minor units agreed and implemented
• More sophisticated use of professional skill-mix has reduced pressure on scare specialist resources

• Anything else…..?
Final remarks

Heather Strawbridge, Chair
NHS Confederation’s Urgent & Emergency Care Forum