Shifting the Shape of the Healthcare Workforce

Candace Imison
Director of Policy
Nuffield Trust
Reshaping the health and social care workforce

Candace Imison, Director of Policy

Twitter: @cimison
Recent growth in healthcare workforce not aligned to patient need

Source The Health Foundation: Staffing matters, funding counts

Note: There were changes to the data collection system between 2006 and 2009 particularly for GPs. Since 2010 the GP data collection process has changed by collecting information at individual practice level rather than at an aggregate PCT level, which makes the figures from 2010 onwards not fully comparable with previous years.

Prospective workforce gaps

Nurses – possible gap of 100,000 by 2022 – gaps in community and mental health

Social care – 1,000,000 by 2025

Informal Care – demand grows to 3m by 2030 – 1m more today – will they be there?

Medicine – undersupply GPs, issues emergency medicine, geriatrics and psychiatry
Horizon scanning suggests greatest future needs in support workforce

Source: CfWI analysis, 2015.
And has it been the best use of NHS resources?

What does £1m buy?

- **7** Consultants
- **23** Nurses/AHPs
- **45** HCAs

*NB Max figures - direct costs alone + pay/headcount*
Training is also costly not only for NHS but increasingly staff

| 1 Consultant | 1 Nurse/AHP | 1 HCA |
| ~ £385k (GP) - £627k (Spec) | ~ £19k NHS | ? Nursing Associate Test Sites (£13,500 per placement over 2 years) |
| + £100k + per student (over 5 years) | £60k + student (3 years) |

Source: NAO, 2016, includes lost production cost when training
Where trusts invest has important implications for the quality of care – with different trade-offs in different settings

- Current models of acute care – multiple rotas + 24/7 cover driving up consultant numbers
- But lacking evidence to show clear link between intensity of consultant staffing and outcomes
- Good evidence to show the benefits of more and higher skilled nurses for patient outcomes – particularly on wards
- Nurses can safely substitute for some elements of medical care – but care may not be cheaper
- Support staff can safely undertake some nursing tasks – but should not be seen as a substitute for nursing cover of the acutely sick
- Support staff may be able to deliver care at home that enables earlier discharge
Staff are both over-skilled and under-skilled

Staff saying they are under-skilled
- 51% Physicians
- 43% Nurses

Staff saying they are over-skilled
- 76% Physicians
- 79% Nurses

Source: OECD analysis – PIAAC Survey 2011-12 - 5,500 Health Workers 22 OECD Countries

UK Healthcare support workers
- 18% asked to do things beyond scope of competence
- 45% comfortable that appropriate to competence

Source: Unison – 2016 Survey 2,300 HSWs working in range of settings “Care on the cheap”
With consequences for quality, safety, efficiency and morale

**Types**
- Under-skilling
- Over-skilling

**Main concerns**
- Quality and safety
- Inefficiencies, waste of human capital
- Job dissatisfaction, turnover

**Policy levers**
- Initial education, and Licensing and certification
- Continuous professional development and re-licensing
- Expanding scope of practice

*Source: Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places; OECD (2016)*
An urgent need for continuing professional & skill development

**Current Staff Mix**
- Numbers: 1.3 m Clinical 800k
- Roles, Skills

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

**Current training pipeline**
- 8,000 medical graduates
- 30,000 nurses & AHPs p.a.

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

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

**New Roles**
What kind of workforce do we need?

Less demarcated

One 70-year old GP patient:
- 12 clinicians
- 40 communications
- 5 procedures
- 11 office visits


A 75-year old in her final 8 days at home (7 separate professional organisations – mix of private and public):
- “111” service
- Consultant haematologist
- GP
- Out-of-hours GP
- District nurse
- Physiotherapist
- Hospice-at-home
- Para-medics
- Community health equipment loan
- Social worker
- Nursing assistants
A new model for chronic disease management – empowers patients and changes traditional ways of working
What kind of workforce do we need?
Able to harness the potential of new technology to improve the quality of diagnosis and care

Remote consultations
- Improve access
- Extend expertise

Remote monitoring
- Early warning
- Reactive→proactive care

Decision support
- Patient record
- Evidence base including BIG DATA
- Professional peer advice
- Systematic care

Peer to peer support
- Patients and carers
- Communities of interest & expertise
What kind of workforce do we need?  
*One that mobilises “community assets”*

Volunteering in acute trusts in England  
Understanding the scale and impact

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers enhance the experience of patients and carers</td>
<td>93</td>
</tr>
<tr>
<td>Volunteers provide services that the trust would not otherwise be able to provide</td>
<td>59</td>
</tr>
<tr>
<td>Involving volunteers helps the trust to show it cares as an organisation</td>
<td>59</td>
</tr>
<tr>
<td>Volunteers provide a good way of involving the local community in the hospital</td>
<td>74</td>
</tr>
<tr>
<td>Volunteers provide a good way for the trust to listen to patients and the public</td>
<td>58</td>
</tr>
</tbody>
</table>

Around **3 million** people volunteer for health, disability and welfare

More than **78,000** volunteers across all acute trusts in England who are contributing more than **13 million** hours per year

Full potential of the workforce not being realised

Fragmented structures, overload and out-dated ways of working mean that the full potential of the most valuable resource in our health service – the people who work in it – is often not achieved.

We could work much more effectively if the barriers to collaborative team working were effectively challenged and professionals were trusted, equipped and enabled to work across the full range of their expertise.

Royal College of Nursing Scotland & The Academy of Medical Royal Colleges and Faculties in Scotland, 2015
Important opportunities to **extend and develop skills** in the non-medical workforce

- Expand number of advanced roles
- Extend skills – work to top of license
- Develop and expand support workforce
Primary Care: More people or different people?

PCPs Allocation of Time

- Preventive Care: 46%
- Chronic Care: 17%
- Acute Care: 37%

Est. % that can be Reallocated

- 10%
- 25%
- 60%

Est. % of PCPs Time Saved

- 5%
- 9%
- 10%

The use of PCP teams and reallocation of responsibilities could save physicians 24% of their time.

Multi-skilling => more patient focused care

Meeting the flexible workforce challenge using a competence based approach to develop support staff and open up career pathways across health and social care.
The benefits of the extended multi-disciplinary team

A question of balance
The extended surgical team

Source: RCS (2016)
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
- Part of a broader strategy to address workforce gaps
- Better use of resource
## Conclusion

### Where we have been

<table>
<thead>
<tr>
<th>Care models driven by professional role boundaries</th>
<th>Professional qualifications - high barriers to entry, narrow specialisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training focus on most expensive professionals</td>
<td>Professionals working in specialist isolation</td>
</tr>
<tr>
<td>Individual skills development</td>
<td>Professionals as “authority”</td>
</tr>
<tr>
<td>Patient / carer as recipient</td>
<td>Patient / carer as team member</td>
</tr>
</tbody>
</table>

### Where we may go

<table>
<thead>
<tr>
<th>Care models driven by patient needs and goals</th>
<th>Career pathways that widen participation and support progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalisation of health and home support roles</td>
<td>Professionals working as part of multi-disciplinary team with a shared goal</td>
</tr>
<tr>
<td>Team skills development</td>
<td>Professionals as “coach”</td>
</tr>
</tbody>
</table>
“New technologies will force changes in delivery models that we have not yet thought of. Without building capacities and capabilities in our workforce for a world of continuous change and emergence of new roles and possibilities, we risk being perpetually out of step and continually rebuilding our workforce to do yesterday’s not tomorrow’s healthcare work”

Professor Richard Bohmer
www.nuffieldtrust.org.uk

Sign-up for our newsletter
www.nuffieldtrust.org.uk/newsletter

Follow us on Twitter:
Twitter.com/NuffieldTrust

Insert presenter’s email address here