Shaping the future workforce to support new models of care

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- Seven-day Services project overview
- 10 Clinical standards
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- The emergent health and social care system
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Strategic landscape and drivers for change (2024)

**Political**
- NHS Architecture
- Francis
- Regulation - Monitor & CQC
- Policy (7DS)
- Drive for competition (AQP)
- Private sector
- Horizontal integration (scale)
- Vertical integration (seamless pathways)

**Social**
- Population ageing/diverse/growing
- Increased life expectancy and ill health
- Shift from life threatening to LTCs (dementia), alcohol and obesity related illness
- Global labour market
- UK (key skills in short supply)
- Gen Y: work – life balance
- Consumerism/litigation

**Economic**
- Global recession
- Public expenditure controls
- NHS funding (£60bn)
- Local government funding reducing
- Unemployment (6.8%)

**Technological**
- Research/development
- Medical advances/innovation
  - IT/telemedicine
- AHSC/Health partnerships

Shaping the future workforce to support new models of care
Strategic Landscape
Global healthcare challenges

- Drive to improve quality and safety
- Respond to increasing patient and public expectations
- Manage ageing populations with increasing LTCs
- Address financial constraints and changes to payment systems
### A response: Equality for all – delivering safe care seven days a week (January 2012)

<table>
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<tr>
<th>Level one</th>
<th>Level two</th>
<th>Level three</th>
<th>Level four</th>
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<tbody>
<tr>
<td>Monday to Friday extended hours beyond the routine 8 hours (9am to 5pm) to 8am to 8pm</td>
<td>Services delivered 7 days – limited range at weekends</td>
<td>Services delivered 7 days joined up working across services and workforce groups</td>
<td>An integrated 7 day service across the organisation and with social care (whole system approach)</td>
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Services limited to one department or a service that is beginning to provide some services beyond the 8am – 6pm Monday to Friday service

Services that are provided seven days a week, but not always offering the full range of services that are provided on week day

A whole service approach to seven day services that requires several elements to work together in order to facilitate clinical decision making or treatment, often covering more than one workforce group

A whole system approach to seven day services by integrating the elements of seven-day services across more than one speciality
Equality for all: delivering safe care, seven days a week – a real story ...

“I was lucky. If I’d had my stroke at a weekend, no doubt I would be using a wheelchair today...

Shouldn’t every one of us have the best chance possible, no matter what time of day or day of week it is?”

Rodney Partington, Patient Representative

‘equality of treatment or outcome regardless of the day of the week’
Public case for change

“...This will be a big cultural change, but our focus should be on convenience and compassion for those seeking our help.”

Hospital doctors told to rethink weekend working

NHS top doctor: Hospitals should operate seven days a week

Nine to five culture in NHS has devastating impact

The full extent of the “nine to five” culture in the NHS is disclosed today in research which shows startling differences in levels of emergency treatment at weekends.

“...At the end of last year, the research company Dr Foster found mortality rates rose by 10% at weekends. Other studies have shown similar correlations.”

BBC News, Health
Clinical case for change

“Medical Royal Colleges are committed to achieving high standards of care for patients and have clearly stated on behalf of doctors that it is ethically unjustifiable to provide a lesser standard of care to patients at weekends”.

Prof Terence Stephenson, AoMRC; Prof Norman Williams, RCS; Dr Clare Gerada, RCGP; Prof Sue Bailey, RCPsych

Seven-day services in hospital: Acutely ill patients in hospital will have the same access to medical care on Saturdays, Sundays and bank holidays as on a week day. Services will be organised so that consultant review, clinical staff and diagnostic and support services are readily available on a 7-day basis.”

RCP Future Hospital Commission

“Dr Foster welcomes the new report from the Future Hospital Commission [which] calls for the patient experience to be held in the same esteem as clinical outcomes, for patients to have a named doctor responsible for their care, for an end to patients being moved needlessly between the wards, and for health services to work seven days a week both in and out of hospital”

Dr Foster intelligence September 2013
The NHS will move towards routine services being available seven days a week. This is essential to offer a much more patient-focused service and also offers the opportunity to improve clinical outcomes and reduce costs.”
Seven-Day Services: Project overview

Theme 1 Clinical Standards (Dr Celia Ingham-Clark)
Theme 2 Workforce (Raj Bhamber)
Theme 3 Finance (Tony Whitfield)
Theme 4 Commissioning (Dr Mark Spencer)
Theme 5 Provider/Service Models (Mark Hackett)

Chair National Medical Director

Forum
1. Patient experience: shared decision making with patients and carers
2. Time to first consultant review: all emergency admissions to have consultant review within 14 hours of arrival
3. Multi-disciplinary team review: all emergency inpatients to be assessed for complex ongoing needs within 14 hours by a MDT and EDD in place within 24 hours
4. Shift handovers: MDT led by a senior decision maker
5. Diagnostics for inpatients: within 1 hour for critical patients, within 12 hours for urgent patients, within 24 hours for non-urgent patients
6. Intervention/key services: critical care, interventional radiology, interventional endoscopy, emergency general surgery
7. Mental health assessment for those identified: within 1 hour for emergency care and 14 hours for urgent care
8. Ongoing review: twice daily consultant review for patients on the AMU, SAU, ICU and high dependency areas
9. Transfer to community, primary, mental health and social care
10. Quality improvement: generic standards for the supervision of trainees
Strategic workforce and OD model

Three complementary change programmes:

- **Technical:** contractual reform (DH/NHS Employers) and a strategic education and training plan (HEE)

- **Cultural:** facilitating service transformation within and across organisational boundaries (NHSIQ)

- **Political:** introducing fit for purpose provider models (NHSE/Monitor/NHSTDA/CQC)
The emergent health and social care system

“The Place in the Middle”

- High Street
- Hospice and Hospital at Home Service
- Social Care Service
- Community Pharmacy and Medicines Services
- GP Surgeries and Out of Hours Services
- Community Nursing and Midwifery and Therapy Services
- Local “Hospitals”/Care Centres (including mental health and planned care services)
  - Step-down and Recovery Beds
  - Minor Injuries and “Off-legs” Front Door Services
  - Planned Care and Rehabilitation
  - Outpatients Programmes and Long Term Care Support Programmes
  - Self-Care Workshops and Self-Help Networks Support Programmes
- Regional Trauma Centres
- Paramedic/Blue Light Service Centres
- Urgent Care Centres
- Maternity & Neonatology Care Centres
- Genetics Service Centres
- Cancer, Cardiac, Stroke Care Centres
- Mental Health Care Centres (inpatients)
- Social & Probation Services and Police
- 85% (includes current A&E “misses” workload)

? The Home Tests?
? The Gym Tests?
? OTC Point of Testing Service?
? Local Diagnostic Services?
? Local Imaging Services?
? Local Genomics Service?
? Regional Diagnostic Services?
? Regional Imaging Services?
? Regional Genomics Centres and Predictive Analytics Services?

? Public – Private Partnership HCS Services?
There are a number of models available for providers to collaborate:

1. Locality based single or multi-site trust
2. Federations (e.g. UCL Partners)
3. Service level chain (e.g. Moorfields)
4. Joint venture (e.g. GSTS Pathology)
5. Management/operational franchise (e.g. Circle - Hinchingbrooke)
6. Geographically disperse multi-service chain (BMI)
7. Vertically integrated care organisation

These models are not mutually exclusive, and in many cases, can exist in multiple forms. Variations on more than one of these models may exist in the same situation, e.g. a joint venture within an overarching federation.
Summary of national reviews

**Berwick review**
- “All leaders concerned with NHS healthcare should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.”

**Urgent and Emergency review**
- “This project aims to create a national framework and associated guidance by Oct 2014 that Clinical Commissioning Groups (CCGs) can use to implement improved and sustainable urgent and emergency care.”

**“A Call to Action”**
- “The NHS belongs to all of us. The Call to Action is an opportunity for everyone who uses or works in the NHS to have their say on its future”

**Future Hospital**
- Caring for medical patients – “sets out the Commission’s vision for hospital services structured around the needs of patients... drawn from the very best of our hospital services”

**Shape of Training Review**
- “The Review’s aim is to make sure we continue to train effective doctors who are fit to practise in the UK, provide high quality and safe care, and meet the needs of patients and the service both now and in the future”

**Dalton review**
- “Providers need the flexibility to work in new and innovative ways to improve quality and become more efficient. No single solution is a panacea – a range of solutions are required to apply to different situations which should come from the sector, enabled by the centre.”