



Future of Local Health Services: Spotlight on Workforce



We want to understand the views of local people about our proposed changes to local health services. The consultation running from 10 December 2018 to 17 March 2019 looks at different options for how community-based services can be delivered differently in a more integrated way, closer to home; and how we can make better use of community hospital rehabilitation beds in the area.

Its dedicated people are the NHS's most important asset. It takes people from a huge range of professions to deliver an effective health service. But with rising demand, this health workforce is becoming increasingly thinly spread. That is why we need to reshape services in a way that makes the best use of our people.

What are the staffing issues?

There are a number of workforce issues. Some are local and others reflect national trends. Issues include:

- An ageing workforce – the average age of GPs nationally is 58. Many GPs and nurses are approaching retirement in the next few years
- 40% of GPs are planning on leaving the profession in the next five years – and not all are retirement age. Many are struggling with the workload pressures, so are not working full time hours. The Royal College of GPs estimates a shortfall of 6,000 GPs currently
- Brexit – fewer qualified clinical staff from the EU are seeking work in the UK, with the number of nurses dropping by an estimated 95%
- The number of student nurses is falling, with 12% fewer starting training in 2018 than started in 2017.

Because there is a national shortage of highly-skilled clinicians, there is competition to employ them. Our location means we are competing with Birmingham and Manchester for staff.

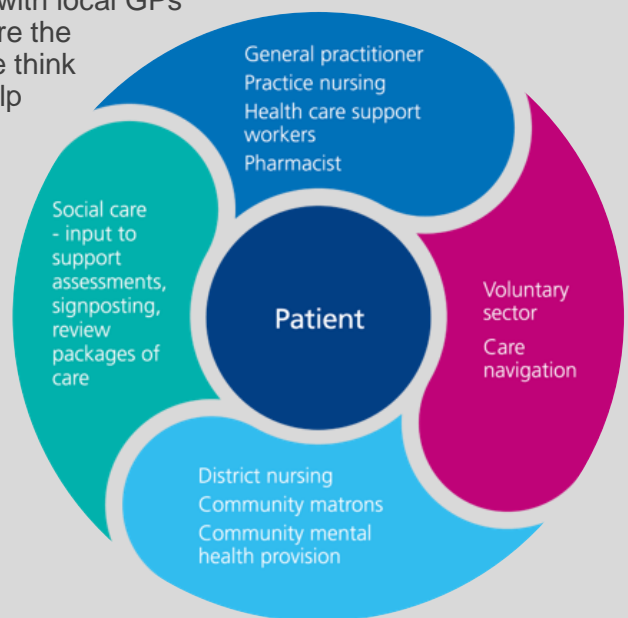
How will the new model of care resolve these issues?

During this consultation, a lot of attention has been placed on buildings. These are important because they must be of a high modern standard and be accessible. But the buildings will simply be the base for the teams delivering the care. It's just as important to think about the people who are based in our communities.

We want to create integrated care teams. These would see medical professionals with different expertise working together to find the best options for patients, helping maintain their independence and reduce or avoid hospital stays.

Under the new model, patients will see new types of health professional like Physician Associates and First Contact Practitioners in practices and integrated teams. We are leading the county in training these new roles.

Based at these four hubs, our integrated care teams would work closely with local GPs and help share the workload. We think this would help improve working relationships between the different services and sectors.





Home First

Very often patients who are fit to leave hospital have been stuck in a bed because they need support to go back home. This problem has been referred to as ‘bed blocking’. A new service called Home First is helping solve this problem in Stoke-on-Trent and North Staffordshire.

Patients are discharged home and then assessed by specialists as soon as they get there. A package of care for up to six weeks is then put in place – delivered by a dedicated team of over 200 Home First Support Workers.

Home First Support Workers are: NHS staff on permanent contracts; Trained to or undertaking training to NVQ/QCF level 3 or equivalent in a health and social care related subject; Given good career development opportunities. By investing in continually developing our staff, we hope to attract high quality individuals who are dedicated to a career in the care sector.

One Home First Support Worker based in the Staffordshire Moorlands said: “I have loved being part of Home First and the extra challenges it has represented on top of the reablement work I did previously.

“The diversity of the role is brilliant for me and has really broadened my horizons. You certainly don’t get bored! Taking a patient who is really struggling and supporting them to become fully independent is just massively rewarding. When I work with a patient, I think to myself ‘how would I like to be treated’ and that informs how I do the job.

“I have a close network of colleagues who I can bounce ideas off and share good practice with and who are always on hand to support me. I am learning new things all the time and absolutely love it!”

Community Hospital staffing

Maintaining full staffing levels at the area’s five community hospitals has been difficult in recent years.

We have experienced challenges in recruiting staff and replacing the staff who leave due to many reasons such as natural and expected turnover of staff (i.e. staff who leave to move to another role or who retire). This has led to an over-reliance on locum and agency staff which is not ideal for continuity of care and delivers poor value-for-money for the NHS.

There have been instances where beds have been closed to avoid safety being compromised, because there were not enough trained staff on duty.

Hard-pressed staff cannot be told to work harder or to work for longer hours. We have to find a way to staff our NHS facilities adequately and make them places where more people aspire to work.

We not only need the right number of staff, but the right mix of skills. This is starting to happen and the results are positive, with professionals from health, care and the voluntary sector working more closely together. This is not only more efficient but leads to the most important thing of all, which is better outcomes for patients.