NHS North West

Challenges
Health systems around the world are increasingly engaging in skill mix redesign. Changing medical needs and the drive to develop patient-centred integrated care, as well as the high cost of trained physicians and workforce shortages, have created a growing interest in modernising the workforce. There has been particular interest in the mix of doctors and nurses, and moving away from traditional assumptions on professional abilities. New clinical roles, such as specialist and advanced nurses, have been introduced, and a greater focus on maximising the skills of clinical teams as opposed to autonomous practitioners.

Through changing the skill mix of the workforce healthcare providers can deliver more patient-centred specialist care, and support greater innovation and service redesign. Whilst the available evidence on skill mix in health systems has its limitations, there is reason to believe that, particularly when looking at the overlap between doctors and nurses, there is scope to improve effectiveness and efficiency through substituting one caregiver for another. With the system-wide need to achieve greater value for money in health spending many NHS organisations have developed workforce plans based on reforming their skill mix to achieve greater productivity.

In the past decade there has been an interest within the NHS in developing new clinical roles, to supplement and improve the existing health workforce. Since 2000, NHS North West has sought to improve productivity and care quality through changing the skill mix and introducing new medical roles into the healthcare in the region. NHS North West is the largest strategic health authority outside London, and the region with the greatest challenges in terms of health deprivation, health inequalities and demographic change. The workforce represents between 60 and 70 per cent of the region’s £11 billion annual expenditure on health.

New roles were developed as part of a wider strategic plan for workforce change, while the strategic health authority developed partnerships with higher education institutions to create new training and qualifications. The “Delivering the workforce” project saw the health authority create the infrastructure for workforce modernisation, with providers responsible for introducing new clinicians into their workforce and managing the skill mix.

Introducing new clinical roles was intended to support greater innovation in services allowing more cost effective care and substituting clinicians for non-medical care givers, freeing up clinical resources. Ten years on NHS North West has done more than any other strategic health authority to change its skill mix, however the number of new roles in post remains small and the impact has been limited.

1 OECD (2004), Skill-mix and policy change in the health workforce: Nurses in advanced roles.
3 Ibid., p. 578.
7 Swift, J. (2010), Skill mix and role redesign, the North West way, presentation at NHS Confederation conference, 12 May.
8 NHS North West (2008), The Workforce, Education Commissioning and Education and Learning Strategy.
9 Ibid.
10 Swift, J. (2010), Skill mix and role redesign, the North West way, presentation at NHS Confederation conference, 12 May.
Method

Non-medical consultants

In 2000, the “non-medical consultant” (NMC) role was introduced in order to improve service and quality by strengthening clinical leadership within the NHS. Within NHS North West there are estimated to be 146 NMCs in post, with 1,212 in post nationally. Though only small in number, the role of non-medical consultant practitioners in the North West appears to have had a positive impact on service development and delivery in the region.

In their roles, NMCs are required to spend time engaged in the functions of leadership, expert clinical practice and advice, education, and development and research, although the division of time between these activities is not equal, or in fact consistent. Within some clinical areas, NMCs are awarded doctoral level certification after four to five years of training.

Though the scheme has not necessarily increased retention rates for clinical staff as intended, the evidence suggests that in the North West NMCs have added real value to their organisations. Participants in the scheme are making significant contributions locally, and in some cases nationally, driving and supporting quality improvements, innovation, productivity and prevention. However, for schemes such as this to be a wider success, evidence of the role’s impact needs to be shared widely, assisting other organisations in determining their own requirements for NMCs. It is also clear that the success and impact of the NMC role is primarily dependent upon the individual and organisation in which they work. Against great successes, examples of weak workforce planning and a lack of adequate mentoring, support and supervision, highlight that the scheme would benefit from stronger leadership with clear guidance over expectations and outcomes.

Assistant practitioners

Since 2002, the strategic health authority has sought to increase the number of Assistant Practitioners (APs). There are now 1,200 in post across the region and a further 750 in training. Assistant Practitioners are more extensively used in the North West than any other regions, with 84 per cent of trusts in the region having ward based APs compared to 35 per cent in London and 57 per cent in the North East. Assistant Practitioners are healthcare workers with a level of knowledge and skill beyond that of traditional healthcare assistants, who carry out tasks previously delivered by a registered professional, which gives them more time to spend on complex cases.

The creation of a career tailored Foundation Degree in the region has been essential in encouraging the recruitment of Assistant Practitioners. As well as freeing up clinical resources, evaluations of Assistant Practitioners have shown they have improved the skill mix of clinical teams and the communication between services. Assistant Practitioners have also had an important impact as patient advocates.

At Stockport Foundation Trust, Assistant Practitioners have been introduced to provide care for stroke rehabilitation. The Assistant Practitioner carries out a range of therapies according to personalised treatment plans developed by an Occupational Therapist. He or she works with different teams in order to deliver all aspects of the patient’s treatment plan. By working across services, the Assistant Practitioner improves communication and fosters

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11 These statistics are taken from the NHS Workforce Census statistics (2009), however this number may not be accurate as a result of the approval process being devolved down to SHA level, and there no longer being a central source of this data.
13 Between 29 per cent and 36 per cent of NMCs surveyed suggested that they had intentions to move on within four years.
14 Where NMCs were linked to a university, there is a positive impact on performance and service.
16 Spilsbury, K. (2010), Introduction and development of assistant practitioner roles, presentation to the Royal College of Nursing, January 29.
18 Selfe, J. et al. (2008), Assistant Practitioner Foundation Degree Evaluation Report, University of Central Lancashire.
20 NHS North West Workforce Modernisation Team (2011), Assistant Practitioner - Stroke Rehabilitation: Stockport NHS Foundation Trust, Case Study 002.
collaboration with other services. The Assistant Practitioner’s job is to find ways of making patients more independent, for example, by creating a replicated ‘home environment’ on the ward. When patients are supported to become independent, they are often discharged early which increases the number of available beds. This has led to a reduction in the average length of stay from 30.6 days in 2008 to 25.9 days in 2009.

**Advanced practitioners**

Another clinical role that was introduced in the North West was the Advanced Practitioner. The aim was to use these new clinicians, who are specialist and experienced non-medical professionals, to support more patient centred care and develop improvement in service delivery. Advanced practitioners would work alongside consultants, bringing a more holistic perspective to diagnosing, treating and developing care plans for patients. The strategic health authority created supporting infrastructure and partnerships across NHS organisations to assist local trusts in introducing new roles, and also worked in partnership with higher education institutes in the region to create Master level qualifications for the new roles. Since their introduction in 2005 there are now 240 Advanced Practitioners in the region with a further 140 in training.

**Non-medical prescribing**

With established forums and regional development groups, the North West of England probably has the best developed non-medical prescribing structure, and it has the highest level of active non-medical prescribers in the country. Non-medical prescribers are making a positive impact on the NHS, improving patient access to medication, reducing patient waiting times, and reducing costs and the strain on medical practitioners. Most medical practitioners responded positively about the contribution of non-medical prescribers to patient outcomes, with 82 per cent suggesting that they saved them clinical time. However the extent of non-medical prescribing remains very limited. Where new clinical roles have been introduced, such as Advanced Practitioners, they have made little progress in taking over the management of medicine. Evidence of efficiency is still weak.

**Benchmarking workforce**

The eWin portal was launched by NHS North West last June. By February 2011, the web portal, which was designed to help providers maximise the productivity and efficiency of their workforces, had been subscribed to by more than 90 per cent of NHS North West organisations, including primary care, mental health, acute and ambulance trusts, and the strategic health authority. One of the main components of the system is a benchmarking database which allows organisations to assess their performance against both set benchmarks and other organisations in areas such as grade mix, absence, and turnover rates. Robert Sumpter, who led the project, commented that this part of the system was a powerful motivator that drove innovation.

The eWin portal also includes a Grade Mix tool, which calculates the potential cost savings of possible workforce configuration changes. Using this tool, NHS North West has identified the potential cost saving of £11.4 million through a reduction of 5 per cent in the Band 5 workforce and an increase of the same number of staff in the Band 4 workforce.
Case Study

Workforce reform at NHS North West

Outcomes

Improved skill mix
NHS North West has been the most innovative and successful SHA in modernising its skill mix. Evaluations of the introduction of new roles in the North West show improved access to services and reduced waiting times. Evaluations of the role have suggested that Advanced Practitioners have improved quality, productivity, access to services and patient experience. For example, Bolton PCT used Advanced Practitioners to support a coordinated approach to care of older people in care homes and reduce unnecessary hospital admissions, while in Salford PCT they were used to improve access in primary care and reduce pressure on GPs.

Yet mixed results
However the evidence for improved productivity is limited, anecdotal or indirect. Where they have been effectively introduced, there is a great deal of satisfaction with Non-Medical Consultants, Assistant Practitioners and Advanced Practitioners, and an appreciation that they have improved the delivery of care. However their impact is varied. The evaluations highlight the importance of organisational readiness and culture, with some employers only providing limited support to new roles and failing to integrate them into the workforce. Consequently new clinical roles were not used to their maximum advantage and ability, and were often used to fill other roles. New roles were not always successfully linked with service development and few providers reached a “critical mass” to really use new clinicians to transform services.

Reform hamstrung by national frameworks
Despite initiatives to increase the diversity of clinicians, the North West’s workforce has been primarily driven by national frameworks. Workforce targets, such as the NHS Plan, have seen a significant increase in doctors and nurses over the past decade. The impact of new clinical roles has also been limited by high cost, inflexible and traditional business models, such as acute hospitals. With traditional delivery of healthcare remaining entrenched workforce redesign has not enabled a wider redesign of health services.

35 Ibid.
36 Ibid.
37 Ibid.