

Working together for a better primary health care system

Innovations and challenges

Professor Debra Humphris
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Themes

- The context for change
- Workforce change and IPL in the UK
- Health & Hospital reform: potential action and implications

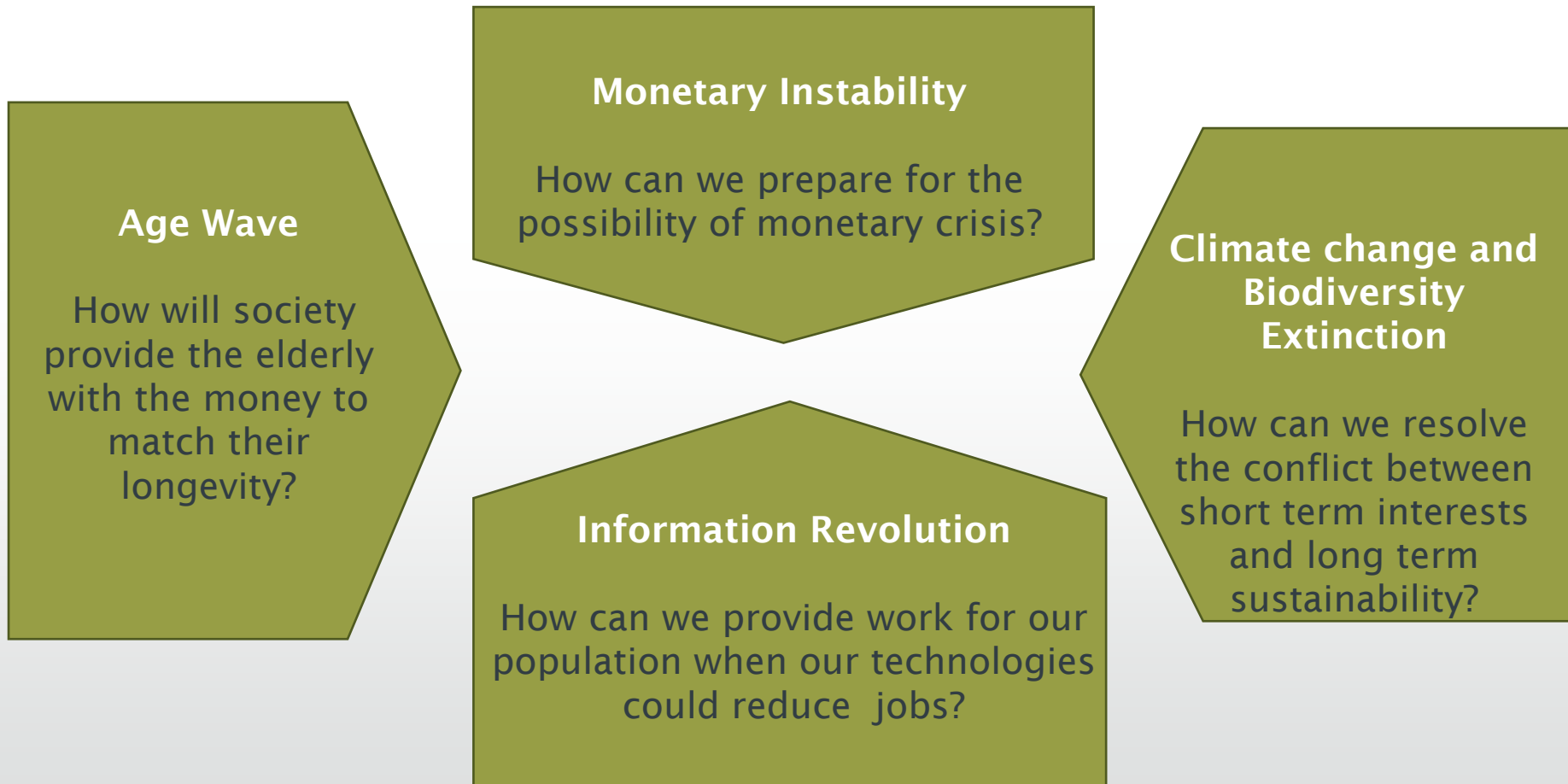
Context

Mega trends

UK context

Will there be enough people?

Context: Megatrends (Lietaer 2001)



UK Population changes

- The population aged under 16 declined by 19 per cent, from 14.2 to 11.5 million (1971-2006) (ONS 2008)
- The population aged over 65 grew by 31 per cent, from 7.4 to 9.7 million (1971-2006) (ONS 2008)
- UK population will get older on average and increases in life expectancy will mean that the number of people aged 85 + will increase particularly rapidly (Cabinet Office 2008)

Policy



HM TREASURY

- *It seems likely that there will be major changes in the roles of different groups of workers and considerable scope for the health service to make better use of its most skilled workers.*
- *Although the number of health care professionals is important for the capacity of the system, arguably the way the workforce is used is even more important' (para 11.52)*

Securing our Future Health: Taking a Long Term View (Wanless 2001)

Long term conditions: UK

- Long term conditions
 - By 2020 there will be 20 million people living with LTCs
 - People with LTCs account for
 - 70% of acute and primary care spend
 - 58% of GP appointments
 - 77% of inpatient bed day

Department of Health (2007) Horizon Scanning: Future threats and opportunities

Will there be enough people to care? (Channon et al 2006)

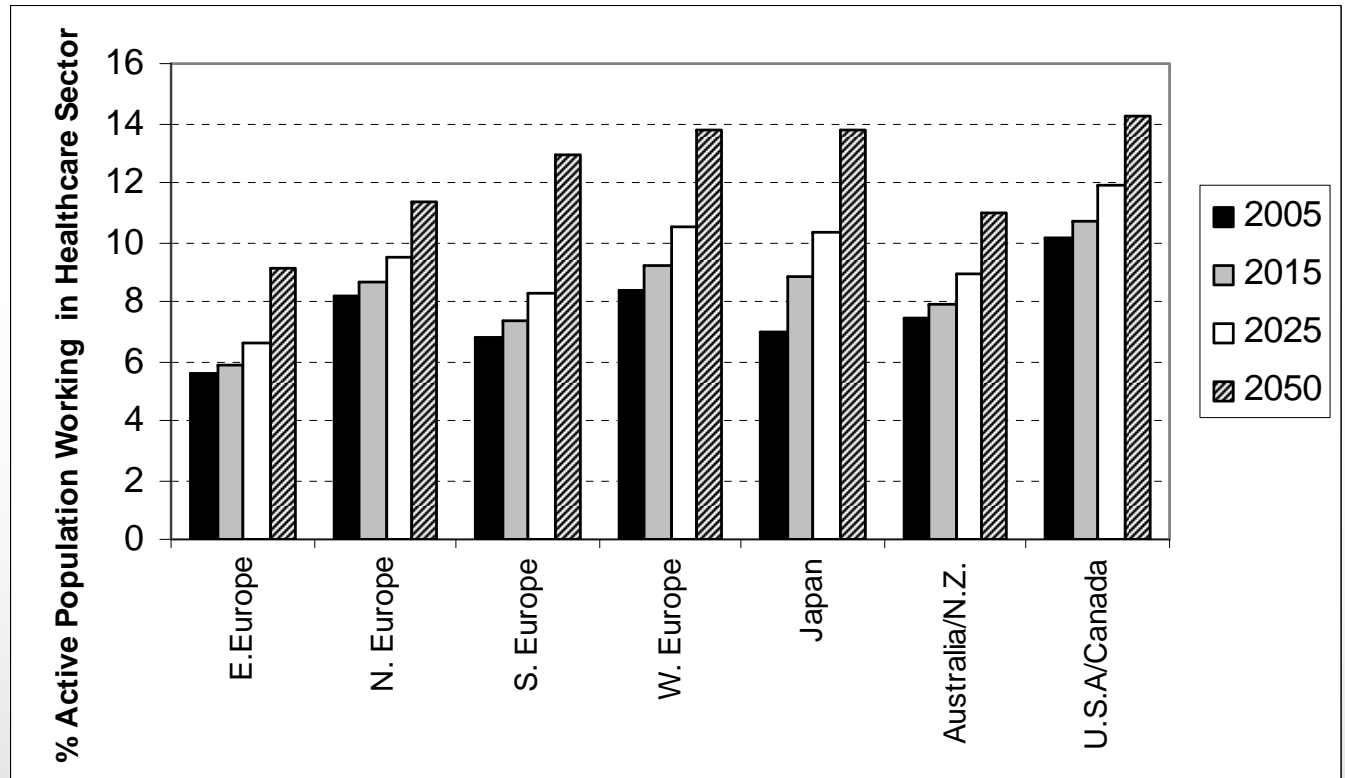
Projected number of health care workers required to maintain current levels of care

	Health care workers ('000's)			
	2005	2015	2025	2050
Eastern Europe	7891	7892	7937	7964
Northern Europe	3198	4232	4612	5460
Southern Europe	4553	5000	5315	6190
Western Europe	7450	8191	8815	10 135
Japan	4318	4990	5508	5792
Australia/New Zealand	910	1067	1250	1675
USA/Canada	17 143	19 411	22 249	28 887

Channon, A, Matthews, Z. & Van Lerberghe, W. (2006) Will there be enough people to care?: Notes on workforce implications of demographic change 2005-2050. A background paper for the World Health Report 2006

Will there be enough people to care?

Percentage of the active population needed to work in the health sector by year and region



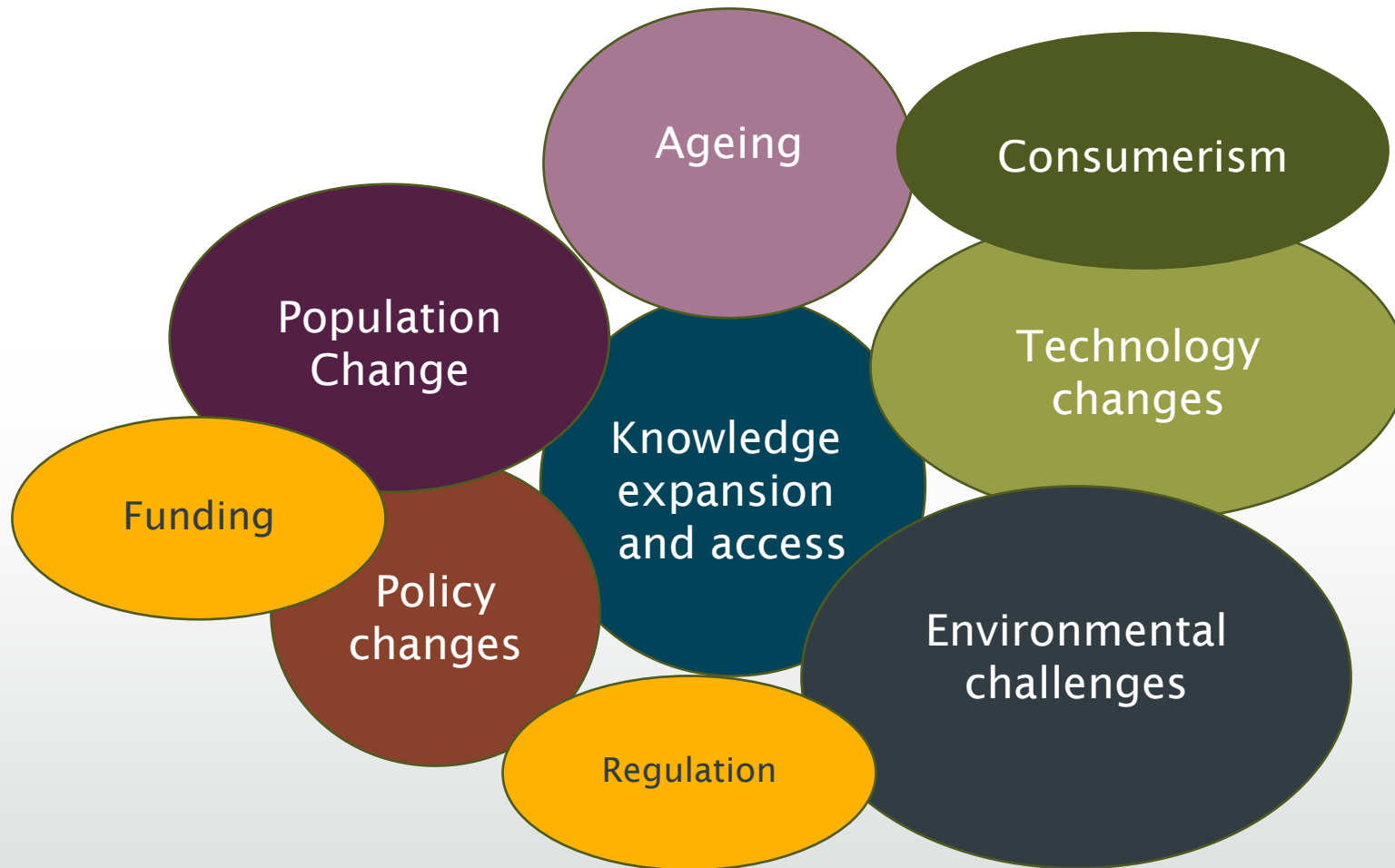
Who will care?

In the USA it has been estimated that 80-90% of direct care for older people is delivered by Care Aides.

It has been predicted that by 2020 there would need to be a 39% increase in the number of Care Aides to address the demand in the home and nursing care industry



Context



Workforce change and IPL in the UK

Integration

What is the work?

Learning with from & about

New roles

Next Stage review: Integrated services

- NHS Plan 2000 – 10 year plan
- *‘At the heart...will be the relationships between local Government and the local NHS. In effect a single health and well being service shaped around the user, not the organisations’ (Darzi p32)*
- ***It is likely that the traditional distinctions between primary and secondary care will disappear as a result of the move to more integrated care pathways.*** (Tooke 2008 p24)

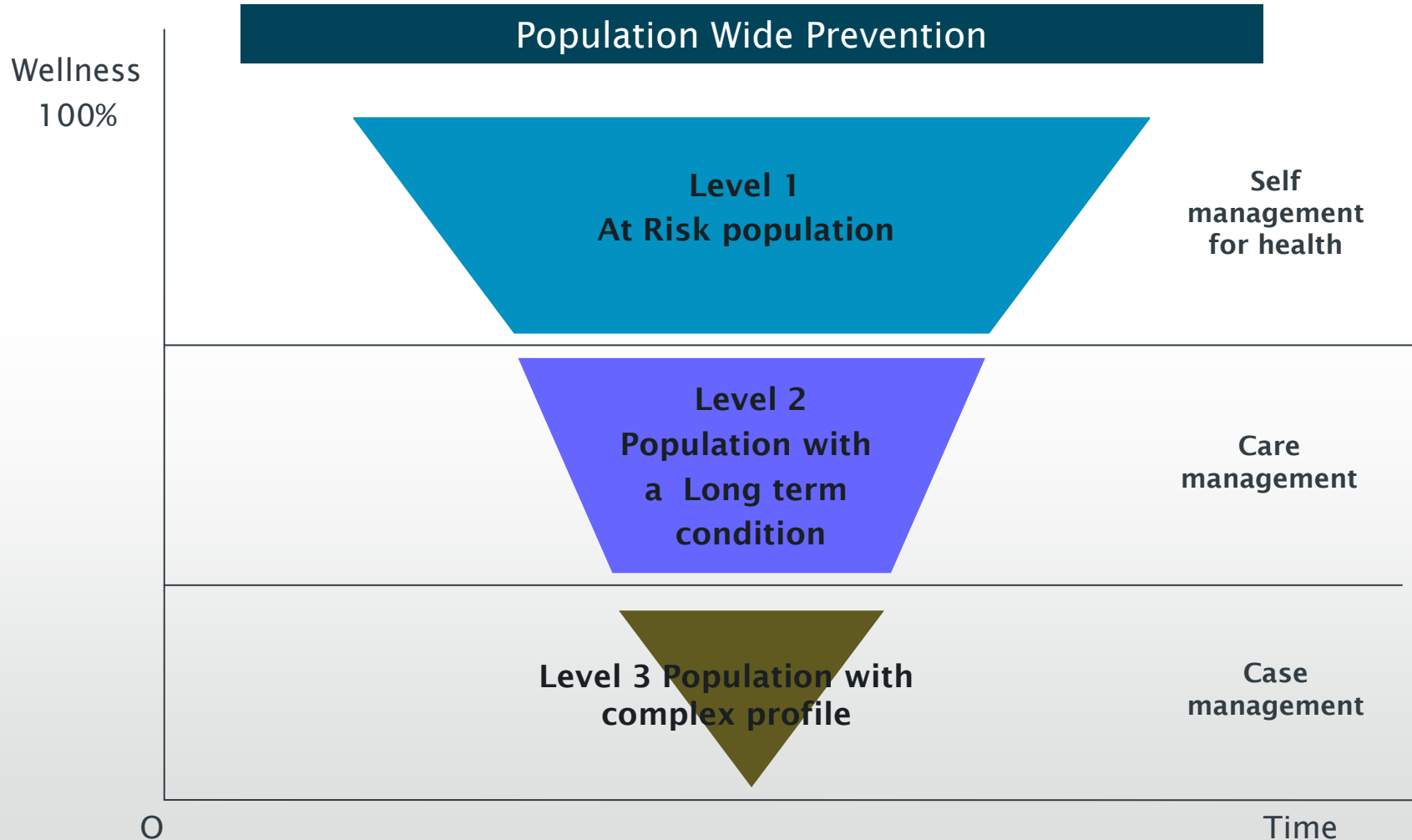


Darzi: Integrated services

- *We.. need to do more to grasp the potential of education as a lever for service improvement....*
- *Workforce planning needs to be more evidently and consistently linked with new models of care and with financial and service planning at all levels in the system.*
- *We need to look at the content of curricula to ensure that they are aligned with the care our vision is intended to deliver.* p48-49



What is the work?



What is the work? - Year of Care

Pathways

- ‘A sequence of events whose occurrence or non occurrence will significantly affect quality, cost and outcome’
- Co Producer, fully engaged
- Emphasis on supporting individuals (at risk of or) with a long term condition to self-manage their care

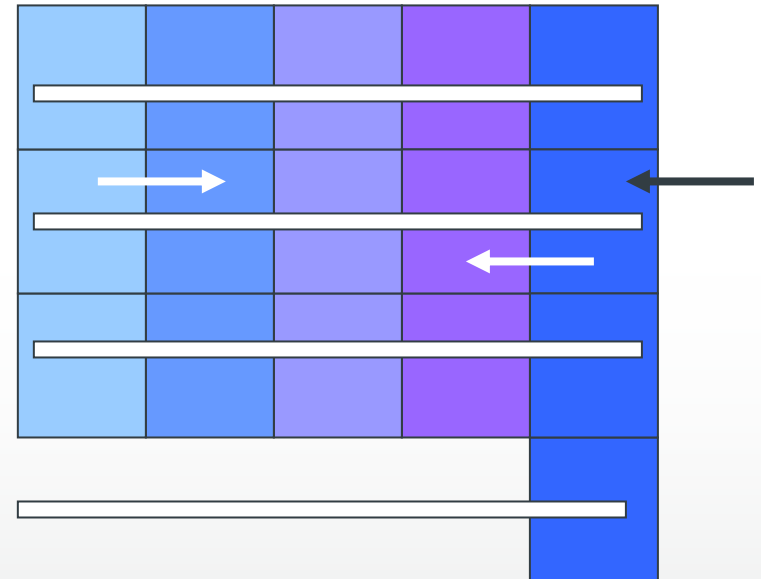


Long green pathway along
Nanyang Crescent

Learning & working together

'Occasions when two of more professions learn with, from and about one another to improve collaboration and the quality of care'

(CAIPE 1997)

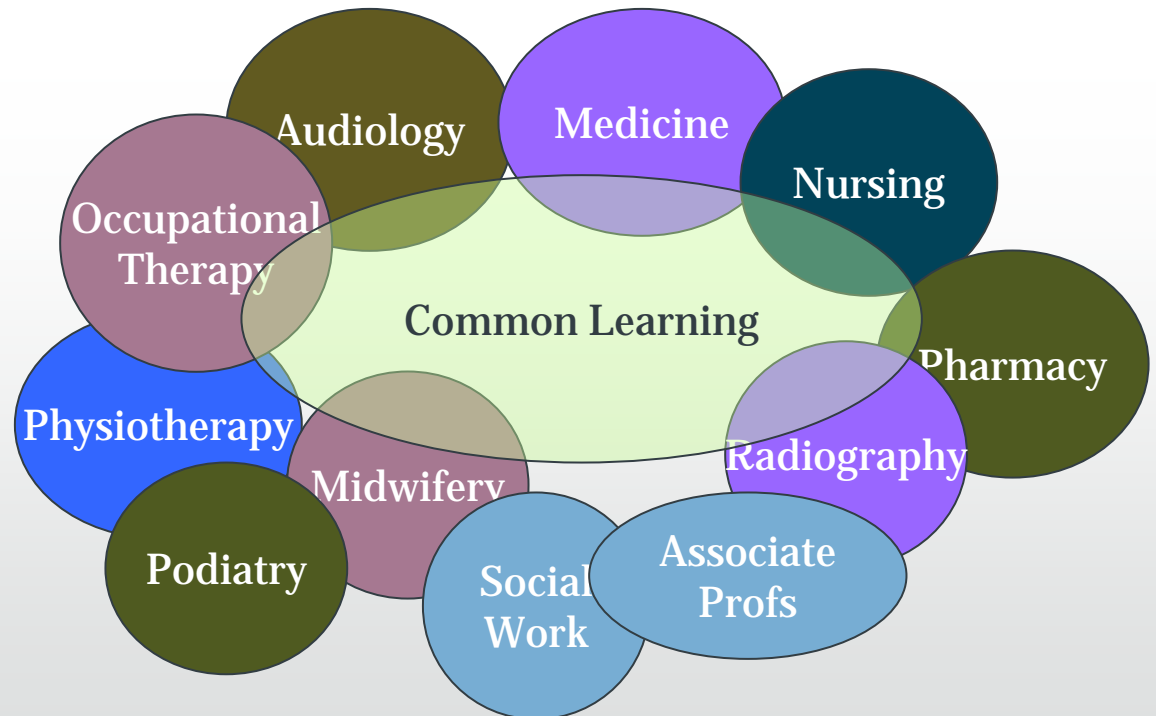


**Developing an interprofessional
Common Learning Programme**

WHO report: Collaborative practice and inter-professional
learning

learning & working together

We need to look at the content of curricula to ensure that they are aligned with the care our vision is intended to deliver Darzi (2008)p48-49



New Roles and responsibilities

- Nurse Practitioners
- Associate Practitioners – Mental Health, Surgery, Medicines Management, Medical Imaging
- Paramedics
- Consultant Practitioners – wide range of roles, A&E, Midwifery, Mental Health, NHS Direct and online
- Prescribing, Diagnostics, Minor Surgery
- Telemed – Long Term Conditions, Axon Health

Borderless health?

Axon TeleHealthCare
Connecting with Care

Service users - [Login or Register](#) | Change font size: [A-](#) [A](#) [A+](#) [Reset](#) |

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An advanced health service...
"The service is excellent and I feel really helped. Thank you for developing such a brilliant system."
Al, from Bristol
See what users say [View](#)

Axon T1 NET

Stem cell research progress
Researchers from Crick and Children's Hospital Medical Center have discovered that a specific gene – Sox17 –...

FAQs | **Advice** | **Food Tips**

How it works

- * From your home
- * With your PC and the Internet, or via a 3G enabled phone*
- * With help from hospital based diabetes specialists.
- * By subscription

[More](#)

Buy online

Remote monitoring that manages to make a difference

Our Diabetes Monitoring Service costs:

£75.95 per month or less than £4p per day

FAQs

- Less than 4p per day is remarkable value, how do you do it?
- Do I need any special equipment to use the Axon service?
- Can I automatically upload data from any meter or insulin pump?
- I use a different meter at work or travelling. Can I use two meters?
- Who reviews the medical data?
- How do I know that the hospital has seen my results?
- What service do I get from the hospital?
- How do I communicate with the hospital?
- Can my own doctor or diabetes nurse see my results?
- How safe is my data?
- How much does the service cost?
- Can I get a discounted price for two or more family members?
- I do not live in the UK. Can I still use the Axon T1 NET service?

WHO: A framework for action

- WHO Study Group: Interprofessional Education and Collaborative Practice
 - ‘estimated worldwide shortage of almost 4.3 million doctors, midwives, nurses and support workers’
 - The 59th World Health Assembly recognized this crisis and adopted a resolution in 2006 calling for a rapid scaling-up of health workforce production through various strategies including the use of “innovative approaches to teaching in industrialized and developing countries”

In Control: Personalisation

- Individual social care budgets
- Micro commissioning
- New forms of service provider stimulated by new commissions
- Commitment by Department of Health to the use of the health funding

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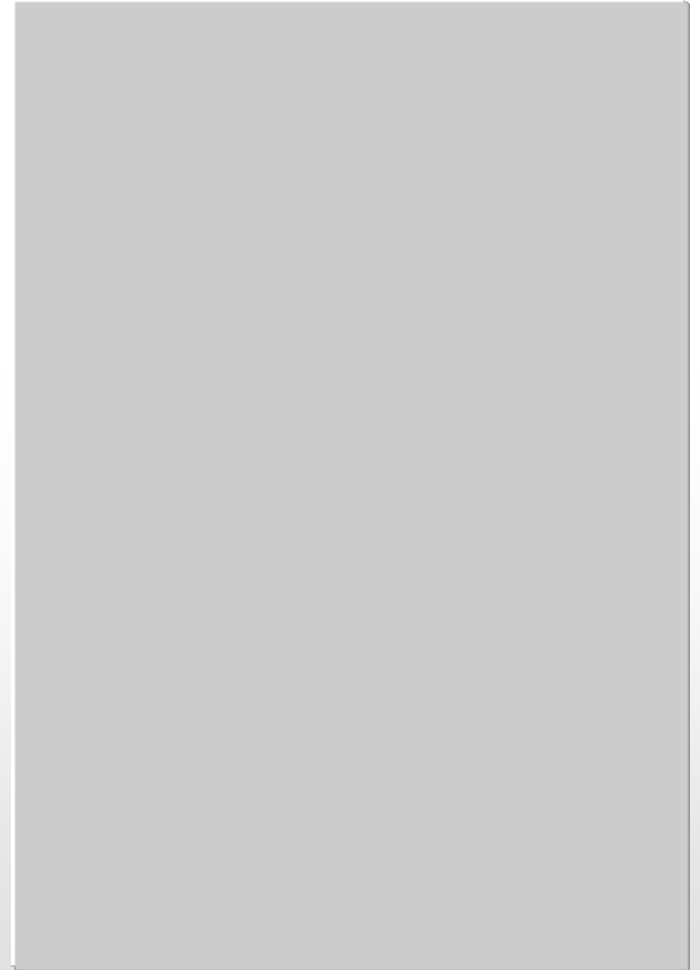
in Control

Independent Living – the goal
Self-Directed Support – the route
Individual Budgets – the vehicle



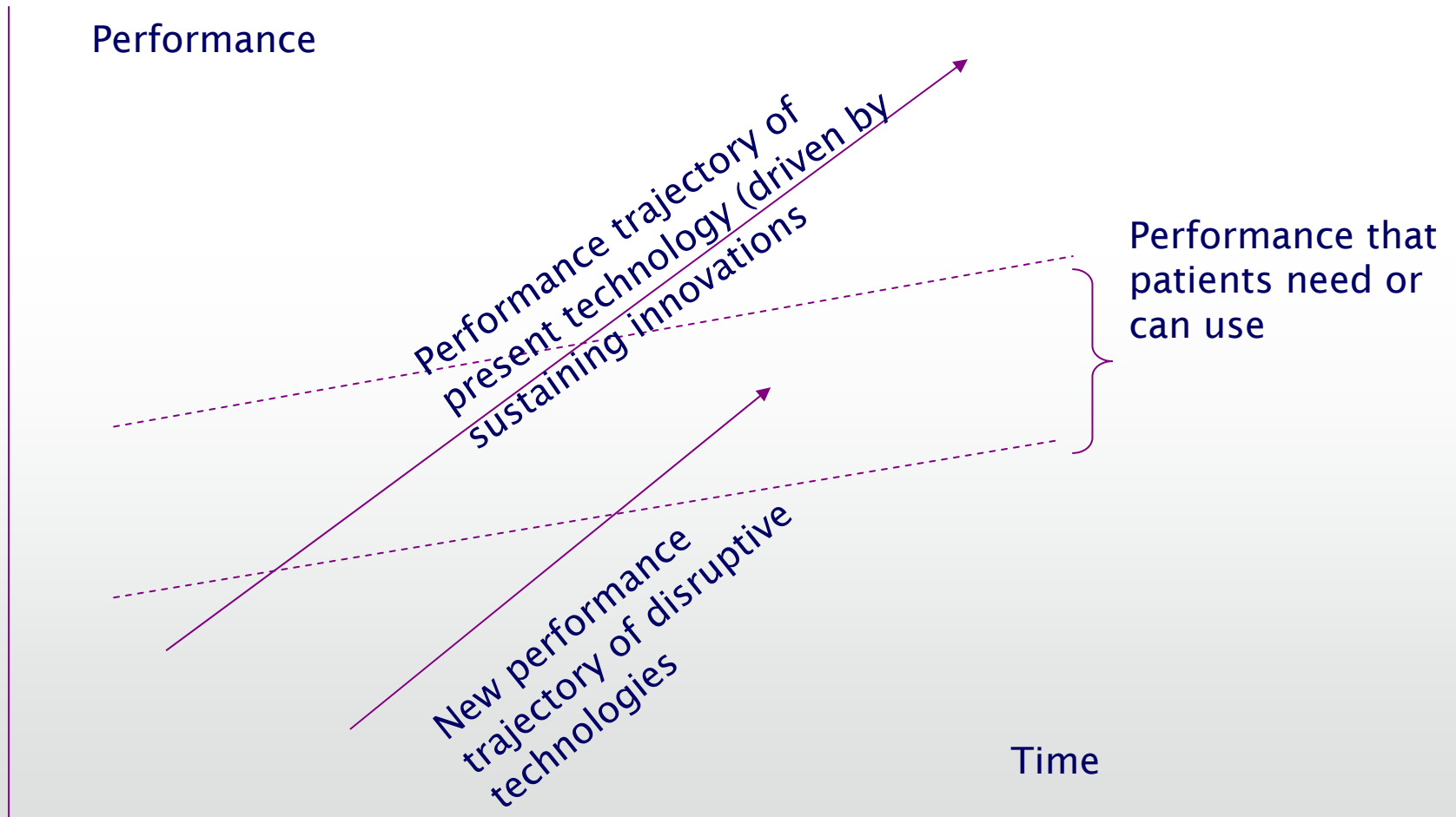
Social Care

- Hampshire County Council Commission on Personalisation
- The system for providing social care for adults will be transformed so that the emphasis is on the individual's dignity, right to self-determination, *choice, control and power over the support services they receive.*
- Where will social care fit in the reform plans



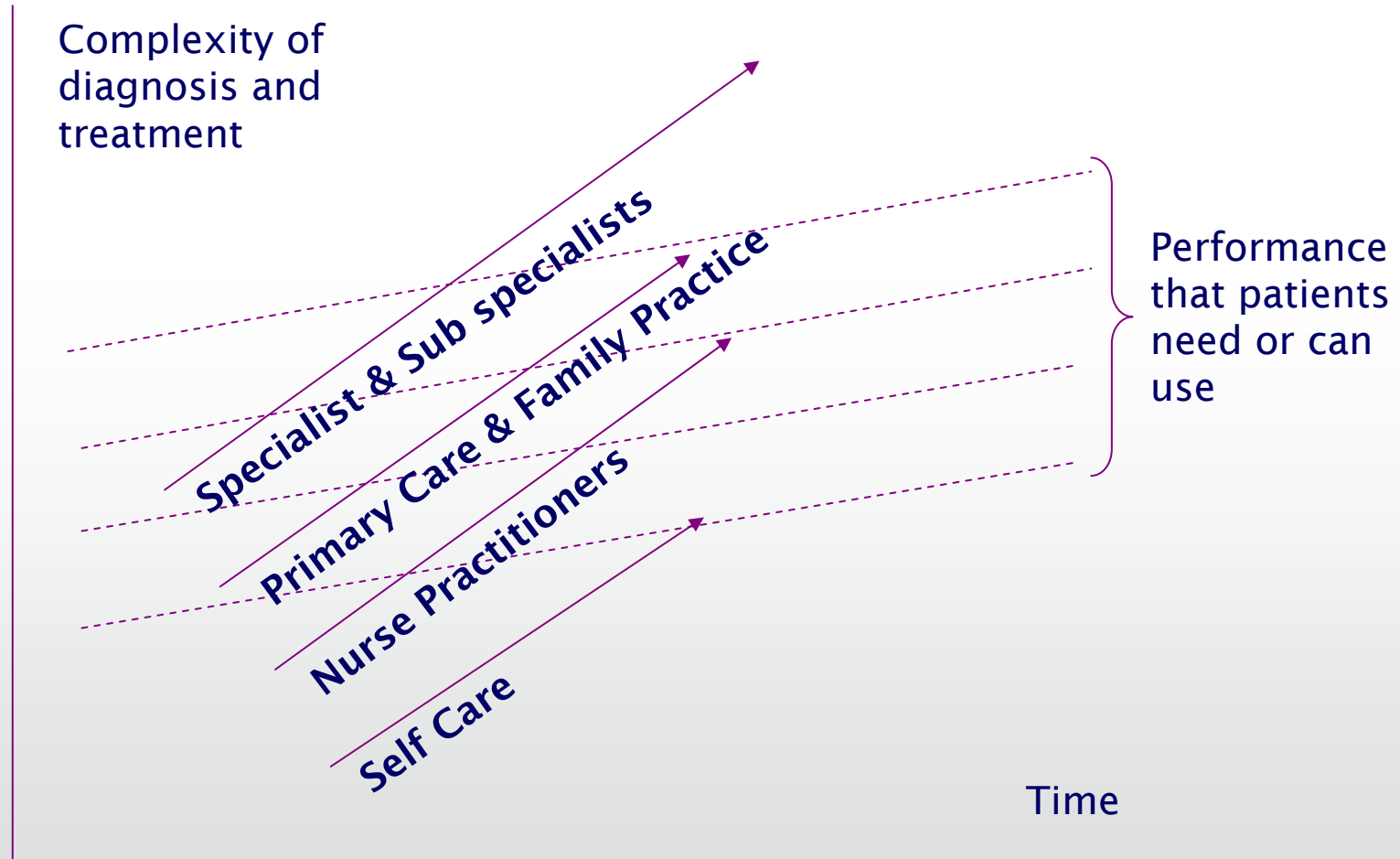
Disruptions of health care professionals

(Christensen et al 2000)



Disruptions of health care professionals

(Christensen et al 2000)



National Health & Hospital Reform: Potential action and opportunities

Potential and opportunity

- Most of what we need to know in relation to the workforce and curriculum challenge is already know to us
 - Fit for purpose, flexible, enhance and extend
 - Curriculum innovation
 - Inter-professional and multi-professional learning to create capabilities for the future
 - Skill mix

Education and Training



National Health and
Hospital Reform
Commission (2009)

Our recommended reforms include the development of **a new framework for the education and training of our health professionals** which:

- moves towards a flexible, multi-disciplinary approach to how we educate and train health professionals; and
- incorporates an agreed competency-based framework as part of a broad teaching and learning curriculum for all health professionals.

Team working



National Health and
Hospital Reform
Commission (2009)

“The **planning of our future health workforce requirements** is a bit like Swiss cheese.

Meanwhile, the education of our health workforce still tends to reinforce professional boundaries and does not adequately foster team based collaborative models of care.

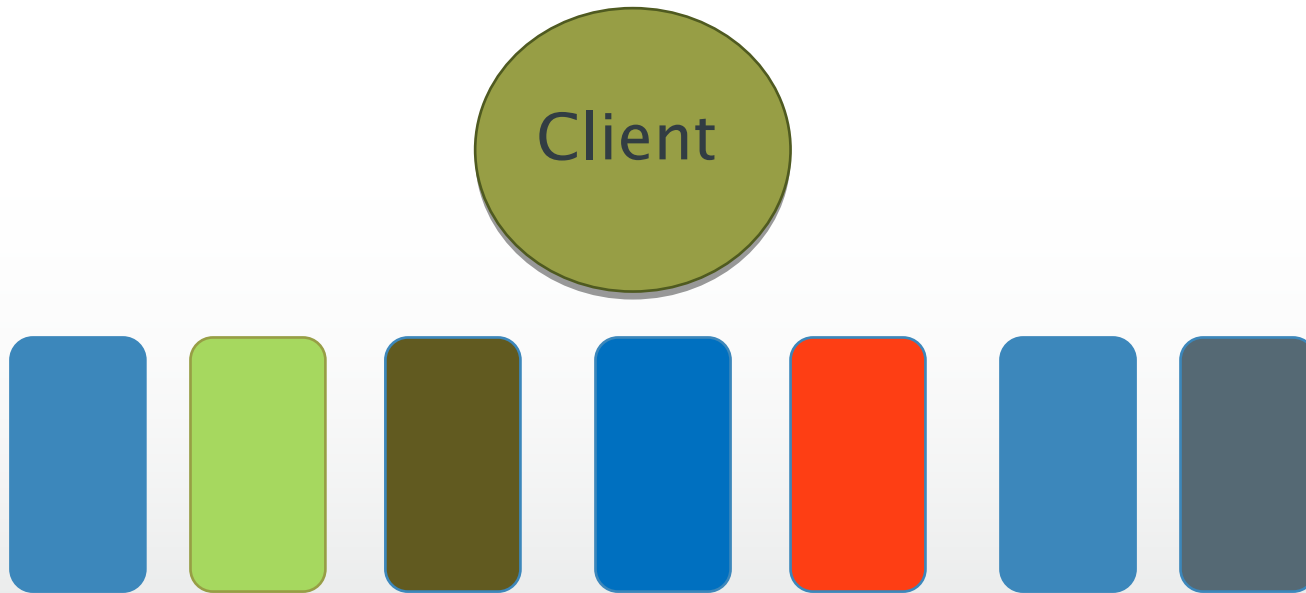
There is growing support to strengthen and redesign how we train our health professionals”

Shifting the default

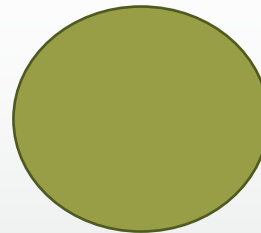
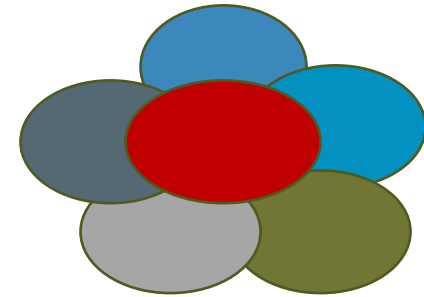
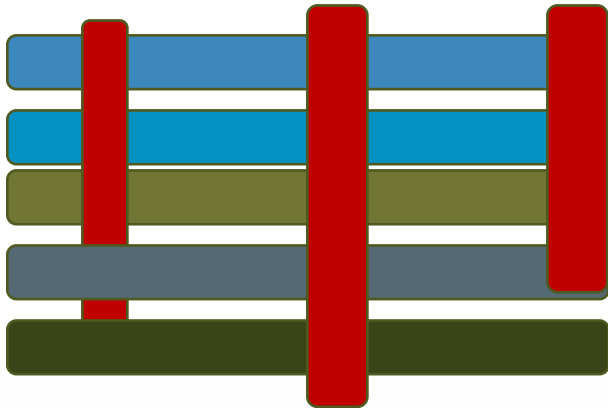
- We know much of what we need to know in relation to the workforce challenge
 - Fit for purpose, flexible, enhance and extend
 - Curriculum innovation – health, social care and beyond
 - Inter-professional and multi-professional learning to create capabilities for the future
 - Skill mix

Question: How will you move from report to action avoiding inertia?

Primary care: A fragmented experience?



Shifting the default



**‘The system is perfectly designed to deliver
just exactly what it does’**

(Berwick)

Eyes wide shut

- We know much of what we need to know in relation to the workforce challenge
 - Fit for purpose, flexible, enhance and extend
 - Curriculum innovation – health, social care and beyond
 - Inter-professional and multi-professional learning to create capabilities for the future
 - Skill mix

The challenge is with you



National Health and
Hospital Reform
Commission (2009)

100. We recommend a new education framework for the education and training of health professionals:

- moving towards a flexible, multi-disciplinary approach to the education and training of all health professionals;
- incorporating an agreed competency-based framework as part of broad teaching and learning curricula for all health professionals;

Thank you

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