

Workforce Modelling Tool

Collaboratively developed by Healthy London Partnership, Health Education England, and Sustainability and Transformation Partnerships in London

# Background

The General Practice Forward View and the Five Year Forward View sets out the need to transform Primary Care through stabilising and sustaining General Practices in England. It is widely acknowledged that workforce is one of the key challenges in achieving the transformation of General Practice and Primary Care. ‘Workforce’ is not a singular but a multi-facetted set of challenges; at the core is the supply of enough appropriately trained and educated healthcare professionals. However, focussing only on supply will not fully address the multiplicity of related challenges. Other questions that need to be considered are:

* *How do we quantify the most effective balance of Primary Care resources going forward?*
* *What do we mean my multi-professional working – how could this help to meet the changing needs of the population in the 21st Century?*
* *What are the new ways in which professionals are expected to work?*
* *What are the employment models in General Practice that will enable professionals to work effectively and affordably in these new ways?*
* *Who will employ staff – individual practices, networks / localities, federations?*
* *How will this be affordable?*
* *How do we tackle the challenges of rising indemnity costs? (‘the greater the degree of innovation and potential risk, the greater the potential costs of indemnifying against this risk’)*
* *How will new technologies affect the way that we need professionals to work?*
* *What role do we want / expect/ need ‘hospital’ based clinicians to play in Primary Care – how does this impact on the core Primary Care roles?*
* *How can we include the value of workforce wellbeing as a measure?*

In addition, it is important to understand how new ‘models of care’ such as Primary Care Home and MCP’s impact on the way that professionals work in Primary Care, and work with their colleagues in secondary care and social care, to deliver patient centred care. It is increasingly accepted that General Practice will need to work ‘at scale’ to meet the changing needs of the population. Within London there are a variety of approaches to this including Federations, Local Networks, Localities, Quadrants, CHINs etc.

# Building Blocks

# All areas of London have developed models to look at the workforce challenges relating to local service transformation and have developed different approaches to meet their local needs. Often this work has been done at the borough level and been led by commissioners. A number of new approaches to service transformation are being developed (e.g. Primary Care Home and local networks). A common challenge with implementing new ways of working across providers is ensuring that there is the right supply of workforce and that the workforce is supported in being able to work in new ways. As well as having implications for the existing workforce this may also require new roles working in different ways.

It has become clear that when designing new ways of delivering services, it is critical to understand both current and future workforce implications in parallel with the service redesign. Building on previous work, a modelling approach has been developed that will support innovators to understand the workforce implications of proposed service transformation/new models.

# What is a workforce modelling tool?

# A workforce modelling tool is a useful addition for those wishing to bring about new models in primary and integrated care, and service re-design around specific groups of patients. Using a combination of population data (existing and growth), HEE supply data, and local information on service use and who does what (currently and in the future), the modelling tool can show future workforce profiles, thus informing requirements around the supply of new and existing roles.

# This is a valuable planning asset that enables organisations to consider workforce implications of new ways of working and service transformation activities, both strategically and locally. It will help produce scenarios and options for what the future workforce might look like. Most importantly, it stimulates discussion amongst clinicians, providers and commissioners around future workforce requirements at the beginning of the design phase. A number of test sites have been identified and the tool is now available for use by commissioners, primary care networks, federations, workforce networks and service development groups (e.g. LTC).

# Previous workforce modelling approaches have been built upon to further enhance the ability to look at large and small population groups (e.g. STP to local network), whole populations and clinical subsets (e.g. LTC). The tool has also been developed to be able to calculate indicative relative workforce costs, thus enabling a comparison of current and future ways of working. The ability to model a whole person perspective is currently being developed (e.g. elderly frail, multiple co-morbidities).

# What is it not?

# The workforce modelling tool does not say there is only one way to configure the future workforce.

# What did we do?

# Building on previous work during the London wide Workforce and Primary Care Transformation programmes, and the North East London STP Primary Care Transformation Programme, it was decided that a user-friendly modelling tool be developed which had new capabilities.

# These capabilities would:

# Be scalable i.e. be able to be effective looking at the future workforce required around populations as small as 30,000, as well as borough and STP level.

# Be useful for looking at specific future workforce related to service transformation activities e.g. redesigning services around Adult Type 2 Diabetics, same day access, integrated care etc.

# Be able to understand the like for like costs of the future model of working.

# What were the results?

# The Future Workforce Tool was co-designed with providers and commissioners from all five STP areas with the new capabilities and user-friendly interface. Feedback was very positive and there has been a lot of interest in testing the tool in real life situations by providers, supported by commissioners. The ‘Beta2’ version was provided in May 2018, with demonstrations and ‘Train the Trainer’ sessions with representatives from all STPs. Areas that were discussed include Type 2 Diabetes, Same Day Access, Nursing Services and Integrated Care (although the latter requires more testing).

# What next?

# The STP ‘workforce’ teams working with CCG and provider representatives are identifying pilot sites where the tool can be used and further tested. Interest has also been expressed from the National NHSE team – especially in the East Midlands and North.