Shape of Caring Review 2015

Raising the Bar

York University – Professional Education Conference June 1st 2015

Lord Willis of Knaresborough
Shape of Caring Review

- The Review was commissioned by Health Education England (HEE). Published in March 2015
- The Nursing and Midwifery Council (NMC) is a strategic partner.
- Independently Chaired by Lord Willis of Knaresborough
‘How do we ensure the education and training is fit for purpose to support nurses and care assistants in delivering high quality care over the next 10-15 years?’
Challenges - demographic

- Population to grow 7% to 68 million by 2022
- Over 80’s will rise from to 2.4 (2027) and 3.6m (2037)
- 2030 4 million with diabetes.
- 4.2 million with kidney disease (8.3%)
- 2030 -40% rise in dementia patients (156% by 2050)
- 2035 -46% of men and 40% women obese
- Today 1.5 million with long term conditions (70% spend)
  Chronic care costs will rise by up to 75% by 2050
Challenges - structural

• Integration of health and social care
• Integration of physical and mental health
• More qualified providers – private – 3rd sector
• Co-production of care with staff and patients.
• Greater flexibility of nurses and care assistants to work across integrated landscapes.
Challenges - human

• Create a well motivated and valued nurse and care workforce

• Create a career structure which is aspirational

• Reduce ‘leaky bucket’ syndrome which sees talent and resources wasted though attrition

• Improve patient safety and public satisfaction
NHS Five Year Forward View:

- Greater focus on public health and protection
- Patients greater control of their own care
- Barriers will be broken down in the NHS (Com/acute)
- New care delivering models, including development of integrated out-of-hospital care Multi-specialty Community Provider
- Greater investment in primary care, including community nurses
- Enhancement of technology and exploiting technology revolution
Future vision of the nursing and care assistant workforce

- The future nurse and care assistant workforce is likely to be able to:
  - Play an enhanced role in the community
  - Enable healthy lives and support self-care
  - Enabling whole person and coordinated care
  - Have the ability to have more flexibility around roles and pathways
  - Support and Lead research and innovation while adhering to the 6Cs
Gathering the evidence

Call for evidence

- Review of policy and literature
- Commissioned King’s College London’s National Nursing Unit to undertake a policy review into ongoing learning
- 160 submissions received from a wide range of stakeholders

Engagement

- Series of events across a range of sectors
- Focus groups with HCAs and nurses (400 participants)
- Two patient and public focus groups (85 participants)
- Educationalists and commissioners (13 LETBs)
- Social media
- Keynote engagement
- Over 50 one-to-one meetings
Not starting from scratch

- Prime Minister’s Commission on the Future of Nursing and Midwifery (2010): 20 recommendations relating to nursing/midwifery
- Willis (2012): 29 recommendations relating to nursing/HCSW
- Francis (2013): 29 recommendations for nursing/HCSW
- Cavendish (2013): 18 recommendations for HCSWs
Theme 1 – Enhancing the voice of patients and the public

HEE should commission research to identify the forms of patient and public involvement that best support learning and to ensure that patients and the public are used as a valuable resource.

NMC and HEE must incorporate any recommendations into future standard and quality assurance processes.
Theme 2/3 - role of the care assistant

• Patients need to be confident that the care assistants have *met consistent educational competences*

• Care Assistants need to be **significant focus of investment**

• Care Certificate reviewed with a view to making it mandatory.

• **‘competency standards’** for Band 1-4 care assistants

• We need to develop an additional role for **senior care assistant across health and social care**, targeted at Agenda for Change Band 3 with a clear training pathway and distinct qualifications as a distinct bridge between registered and unregistered workforce.

• HEE should develop **‘an e-portfolio’** to allow signed off competencies to be recorded and transportable.
Theme 4 – assuring flexibility

Future workforce needs greater flexibility needs to create a more community and whole person focused workforce.

A Proposed model:

- **2 years whole person care** – ensure parity of esteem between mental and physical health
- **+ 1 year chosen specialism** (should fields be expanded to include Community/General Practice?)
- **+1 year enhanced preceptorship** – foundation year
- **Guaranteed employment** where possible.
Theme 5 - assuring quality learning environments

- **Mentorship** is a key issue – There is a need to review system and current thinking (Amsterdam Model – Norwich).
- Student need to have more ‘hands on’ experience
- **More will be expected from graduates of the future** – venepuncture-cannulation- iv drug administration – basic prescribing
- Undergraduate students feedback suggest there is a need for greater consistency across education and training - **National Assessment framework**?
- Listening to student voice is key **annual student feedback to HEE/NMC to inform future policy.**
Theme 6 - assuring quality: ongoing learning

- Need for **sustainable investment in the current workforce**
- Need to explore more about the **qualification base of the current workforce with the increase in graduate workforce**
- There needs to a **flexible career pathway**
- One possible idea is to design pathways around three pillars of care
  - **Self-care**
  - **managed care**
  - **restorative care**

Appropriate organisations, such as RCN /Medical Royal Colleges etc could accredit, deliver and award qualification of these pathway programmes – **fellowship**?
Theme 7 – Research and Innovation

Greater collaboration to develop post graduate doctoral research centres to drive up research and increase clinical careers.

Improve links between Health Science Networks and CLAHRC ‘s to ensure that the workforce is able to adopt the latest research.

Concerns around the need for more evidence based practice.

LETB’s to investigate the US Magnet system of nursing excellence?
Theme 8 – Commissioning and Funding

• Intelligent and well informed commissioning is crucial!

Where do the current resources go and do we have adequate data?

Where is the opportunity to co-train nurses with other health professionals?

What is the true cost of attrition both during and post registration and could we significantly reduce the loss to health care system?

If we are to commission health and social care for local population how do we produce a more equitable funding model which is not orientated to individual professions?
Next Steps – Engagement phase

- Between the end of May and the end September there is an extensive engagement phase, which includes national and local events. More details will be found: https://hee.nhs.uk/work-programmes/shape-of-caring-review/

  - Already Mapping and alignment with existing work being taken forward as part of DH Mandate to HEE

  - This will assist HEE and NMC with which recommendations to agree to take forward in late autumn 2015
Thank you!