

Health workforce policies and the Pandemic

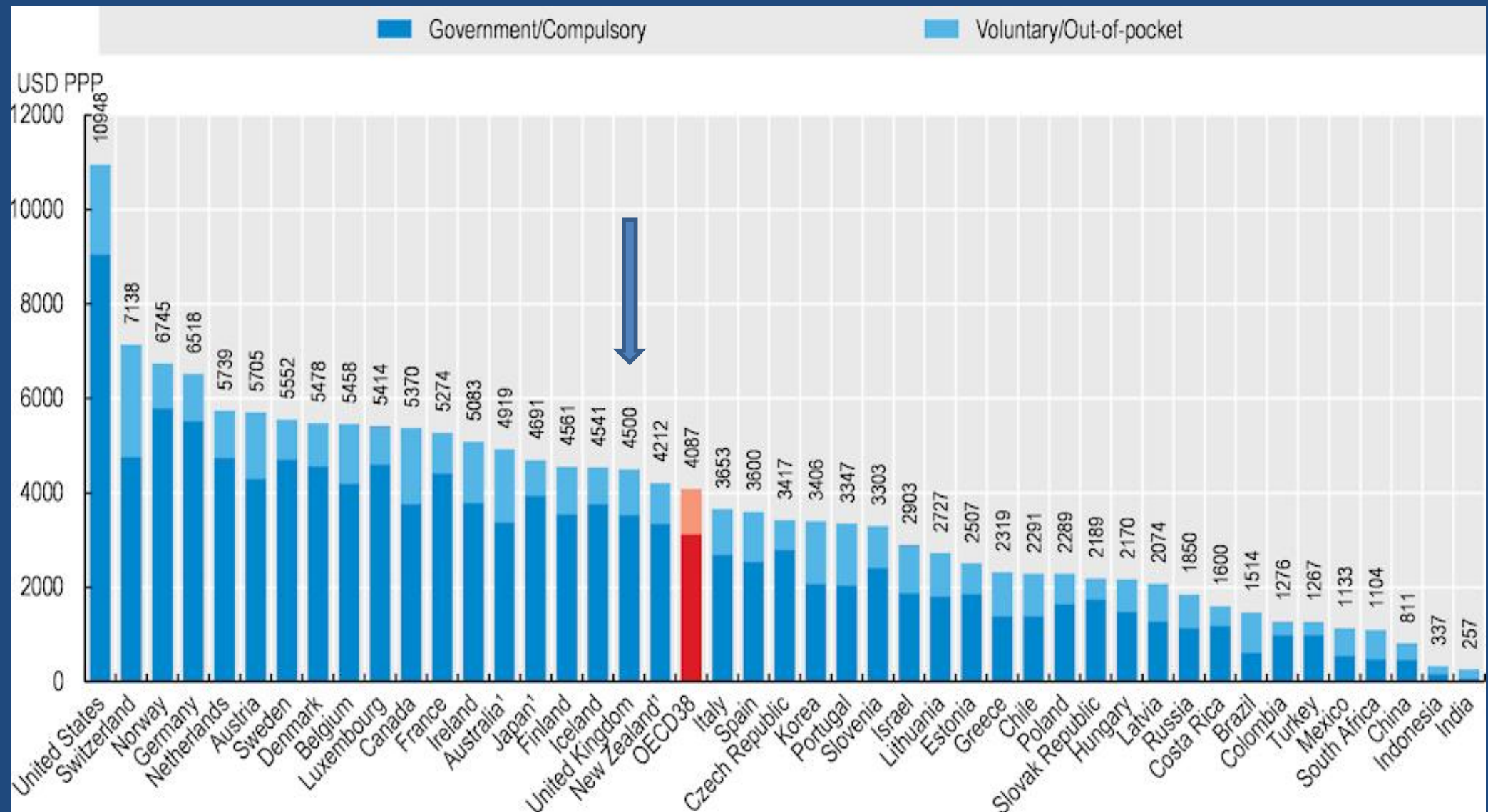
Health workforce policies and the pandemic

- Metrics - How does the UK compare?
- 4 Nations Covid-19 workforce responses
- Governance
- Overview of workforce planning in Scotland

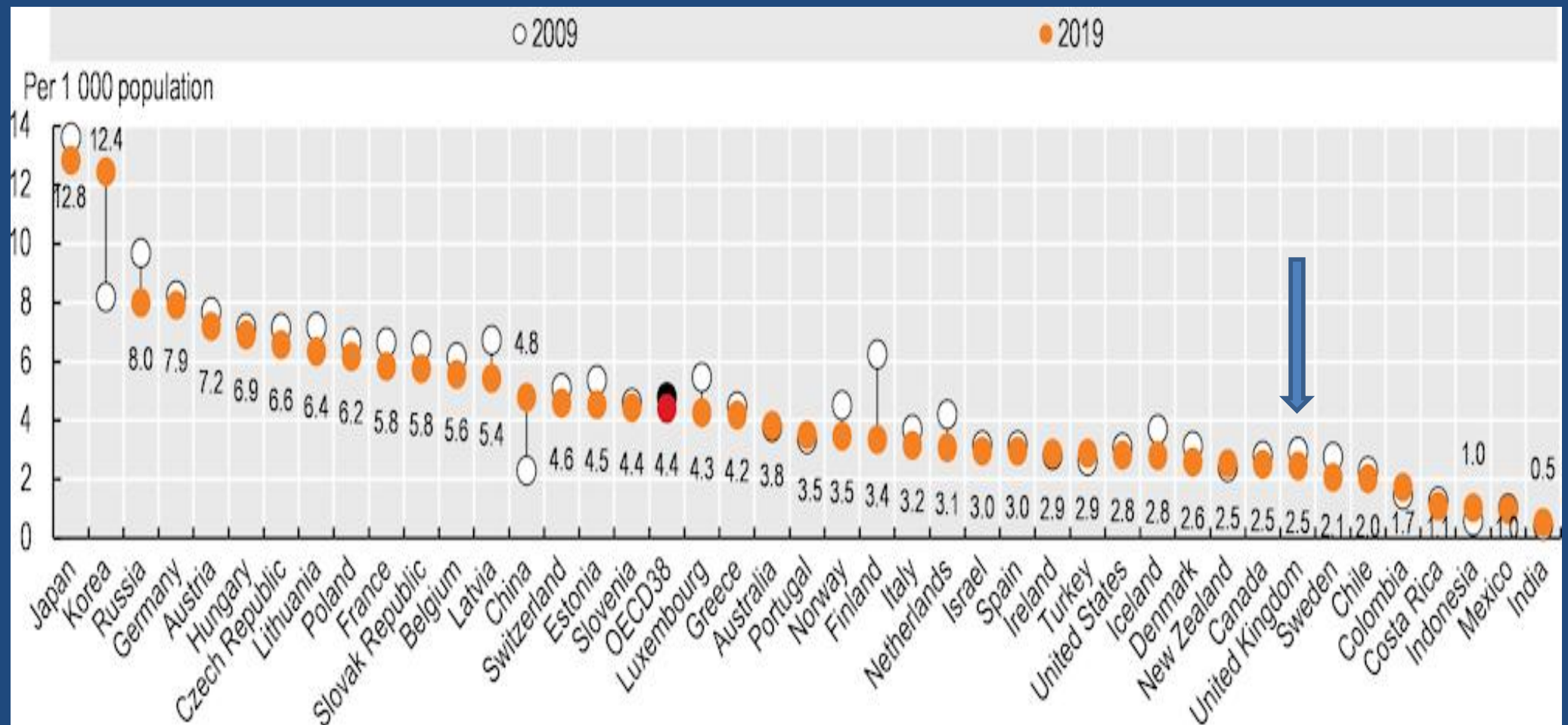
OECD

- “The first wave of the COVID 19 pandemic made pre-existing shortages of doctors and nurses more visible and acute in many countries. Some countries, such as Norway, Switzerland and Germany, had a relatively high number of doctors and nurses per capita prior to the start of the pandemic relative to other countries. This provided them with a greater potential to respond to the steep rise in demand for care.....”

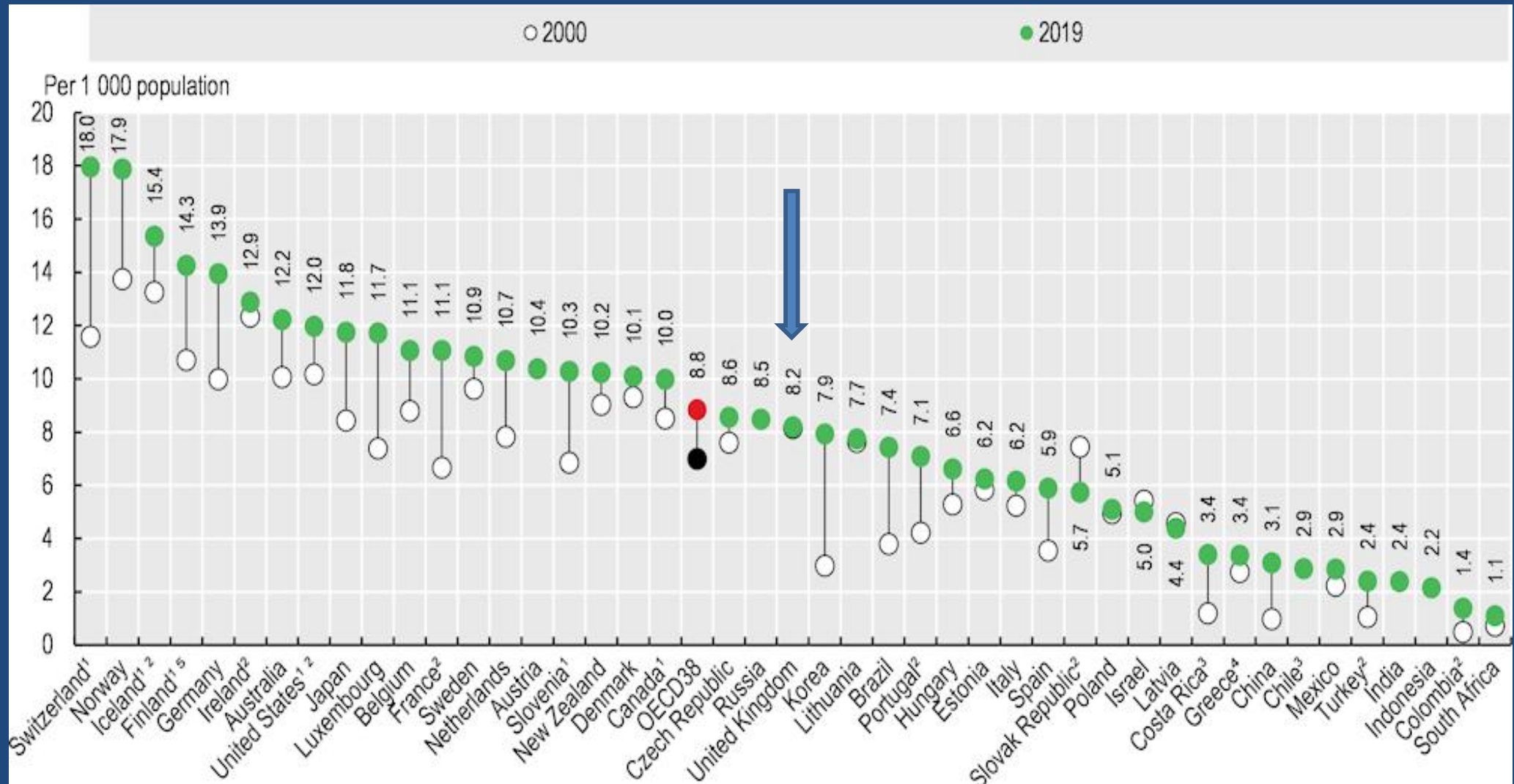
OECD: Health expenditure per capita, 2019 (or nearest year)



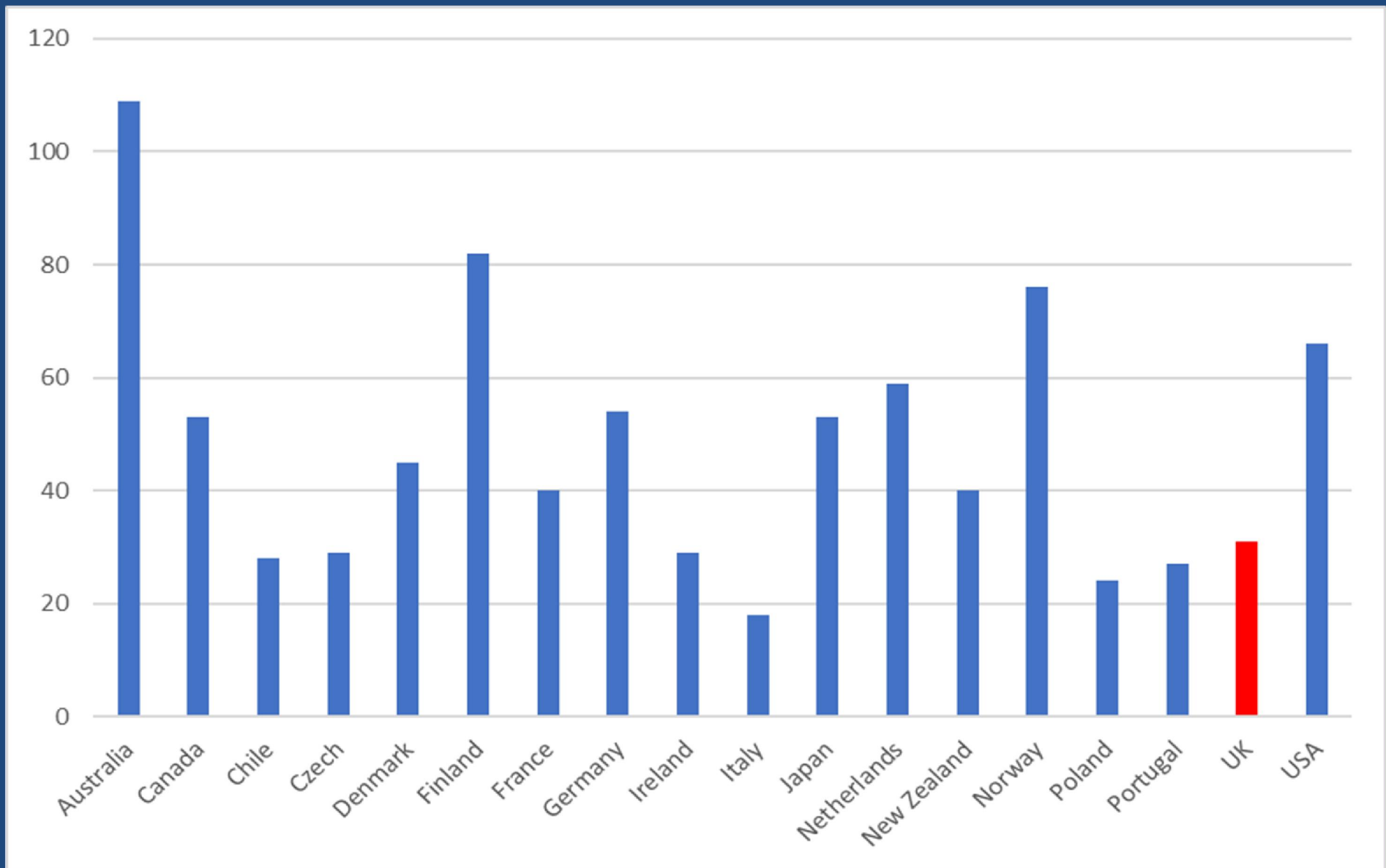
OECD: Hospital beds, 2009 and 2019



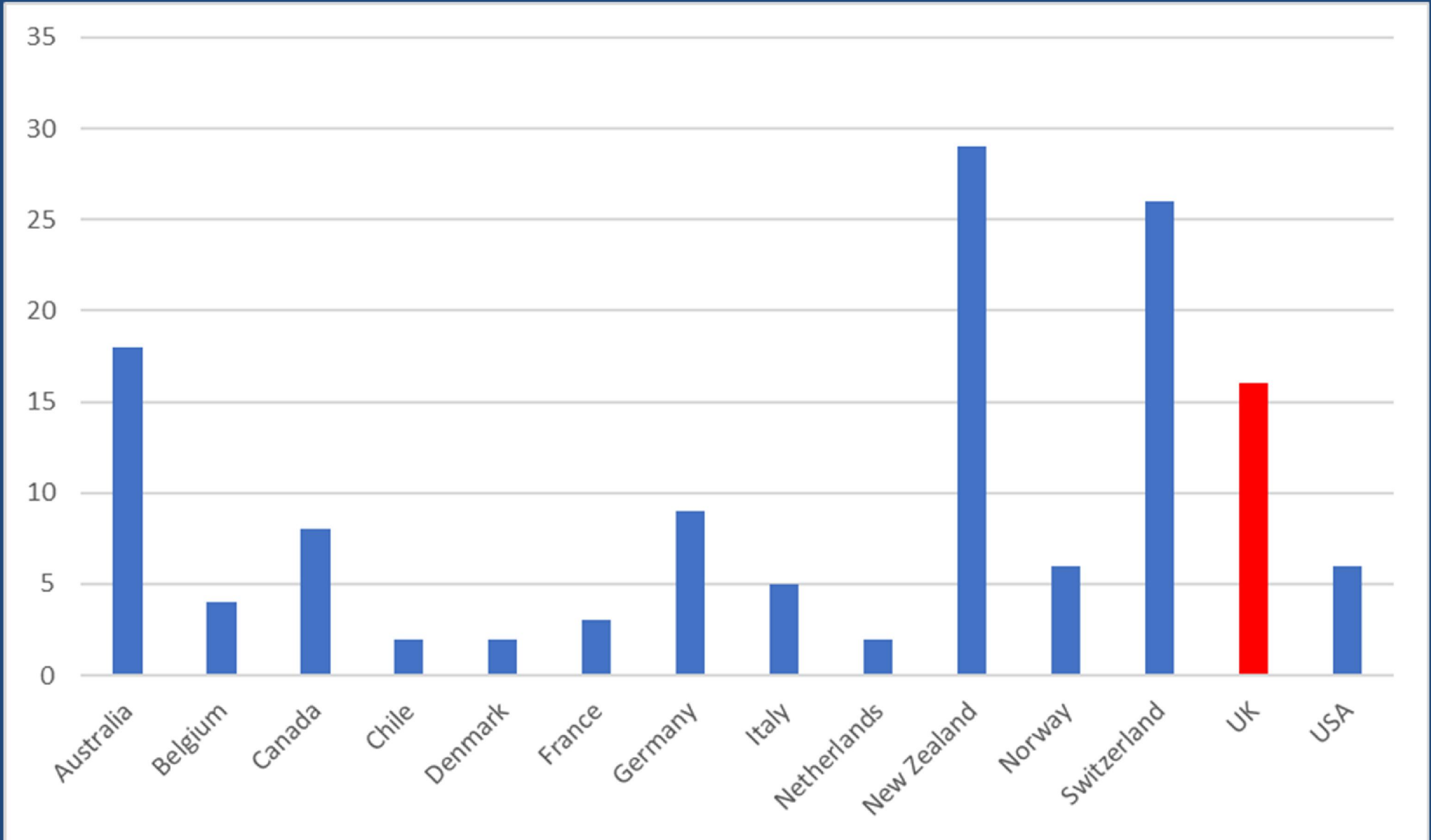
OECD Countries: nurse:population, 2000 and c 2019



Selected OECD countries, annual nurse graduates per 100,000 population



Selected OECD countries: % of foreign trained nurses



Pandemic:

4 Countries Health workforce priorities

- creating capacity to meet new and rapidly growing health and care demand;
- protecting workforce health and wellbeing;
- rolling out the vaccination programme;
- recovery (and preparedness)

COVID 19-workforce “surge”

- increasing the contribution of the current workforce [additional hours, new shift patterns, redeployment etc]
- co-opting medical and nursing students into the workforce
- bringing retired healthcare workers back into the workforce
- bring inactive healthcare workers back into the workforce
- “fast tracking” foreign trained health professionals
- volunteers into the workforce

Governance and health workforce policy responses:

- **Different regional government policies** (e.g. policies on health care, education, employment);
- **Legislation** (e.g. legislation covering working hours, prescribing);
- **Regulation** (e.g. professional councils, defining roles and standards);
- **the role and remit of employers and management** (e.g. determining pay levels, working patterns).

Recovery [and preparedness]

- Workforce governance is at the core of any recovery efforts
- Pandemic responses have exposed/challenged existing governance barriers to workforce effectiveness
- Embed governance changes that are proven enablers
 - digital/health enabled technology;
 - scope of practice;
 - prescriptive authority,
 - rapid training
- Protecting the workforce to protect the wider system.

Key response points

- Readiness/ responsiveness/ regulatory enablers
- [data/ analysis/action- e.g. absence rates]
- Rapid/ accurate communications= workforce, media, population
- Use of technology-service support/ education
- Respite time for workers=flexible/agile
- Targeted incentives
- Sustainability: investing in today's workforce; planning/education for tomorrow's.....

OECD 2021

- “Still, a lack of health personnel has been more of a binding constraint than hospital beds, reflecting the fact that training skilled health workers is more time-consuming than creating temporary facilities. Staff have also faced extreme pressures in many countries. These factors suggest that countries will need to invest more in their health (and social care*) workforce”

Approaches to Workforce Planning in Scotland

- First Integrated Health and Social Care Workforce Plan
- Health and Care (Staffing)(Scotland Act)
- Future developments
 - “Whole Systems” Modelling
 - A “National Care Service”

Integrated Health and Social Care Workforce Plan for Scotland

- A first attempt to look at workforce planning across an wider health and social care system in a single document
- Introduced the use of “scenario planning” into assessment of workforce need
- Longer term workforce planning cycles
- Workforce Planning Capacity and Capability
- Plan published December 2019

Health and Care (Staffing)(Scotland) Act

- Enshrines the use of workload tools in statute

[Adult Inpatient Tool \(AIT\)](#)

[Clinical Nurse Specialist \(CNS\) Tool](#)

[Community Children's & Specialist Nurse \(CCSN\) Tool](#)

[Community Nursing \(CN\) Tool](#)

[Emergency Department / Emergency Medicine \(EDEM\) Tool](#)

[Maternity Tool](#)

[Mental Health & Learning Disability \(MHLD\) Tool](#)

[Neonatal Tool](#)

[Professional Judgement Tool \(PJ\)](#)

[Quality Assurance Checklist](#)

[Quality Tool](#)

[Scottish Children's Acuity Measurement in Paediatric Settings \(SCAMPS\) Tool](#)

[Small Wards Tool](#)

Health and Care (Staffing)(Scotland) Act

- Enshrines the use of all available workload tools in statute
- Duty on NHS Boards to produce annual report on the output of workload tools
- Ministerial Statement to Scottish Parliament
- Development of more workload tools
 - Other NHS Job Families
 - Care Home Staffing

The Future

- Development of a “whole systems modelling” approach to linking workforce demand with clinical activity and resource (financial) availability
- Development of a National Care Service for Scotland
 - With responsibility for workforce planning