

# Matching Service Redesign with Workforce Change

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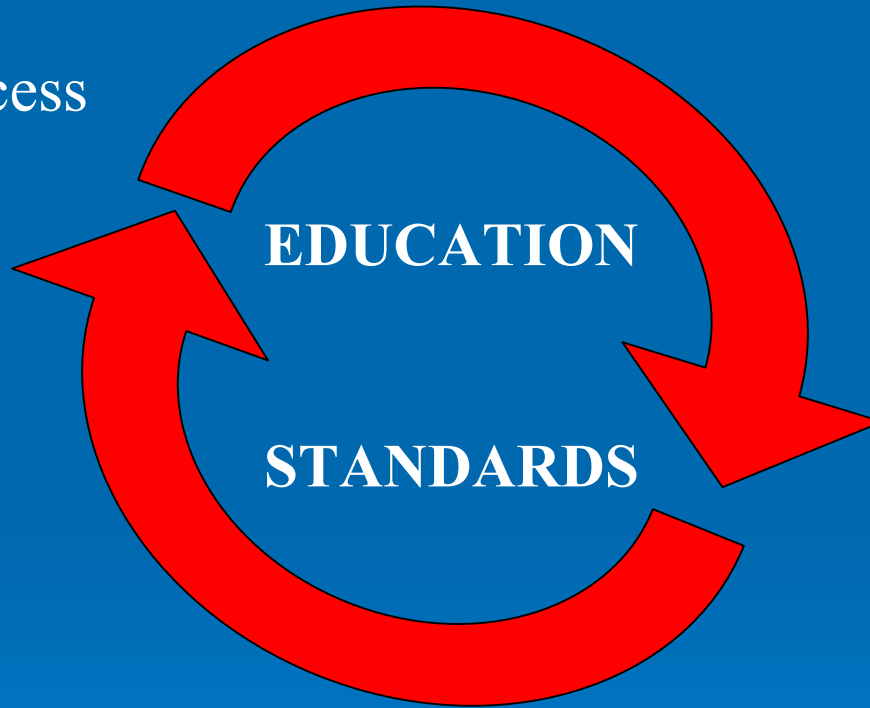
Head of Improvement and Support Team

SEHD: Delivery Group

# The Challenge

## REDESIGN

- Reconfiguration
- Redesign - Process improvement
- Innovation

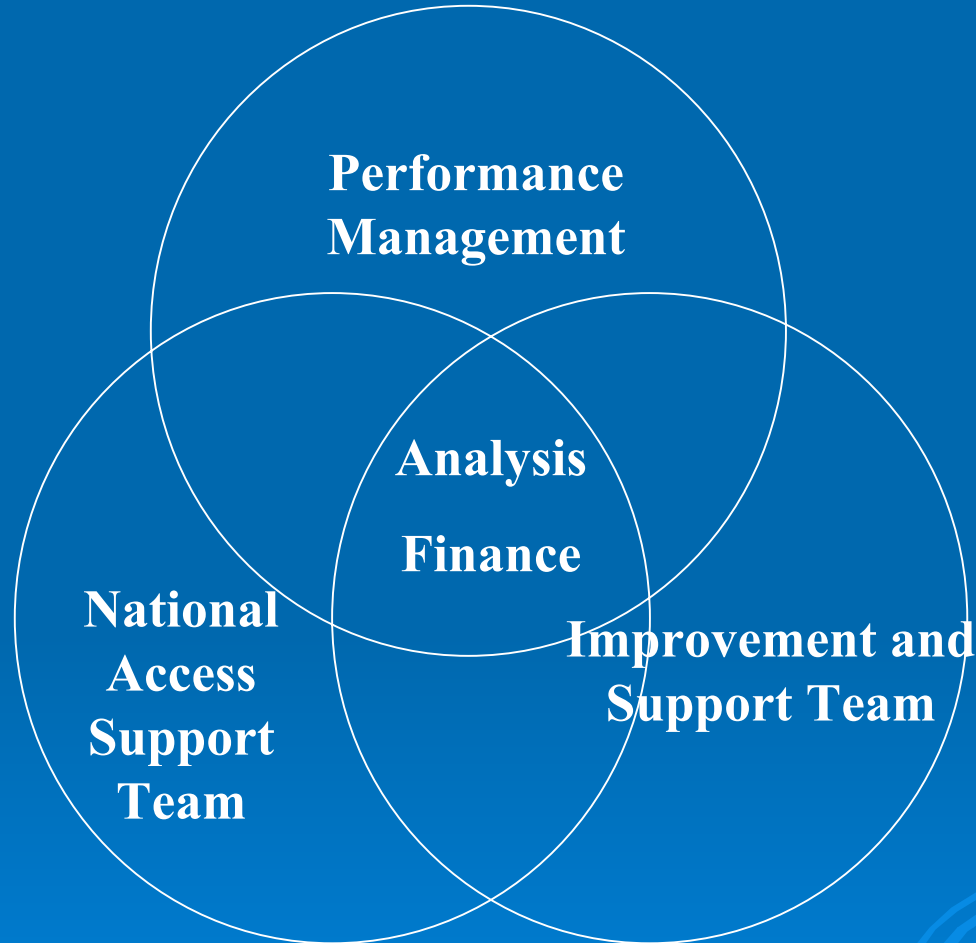


- Demography
- Legislation
- Educational Changes

NATIONAL  
REGIONAL  
LOCAL

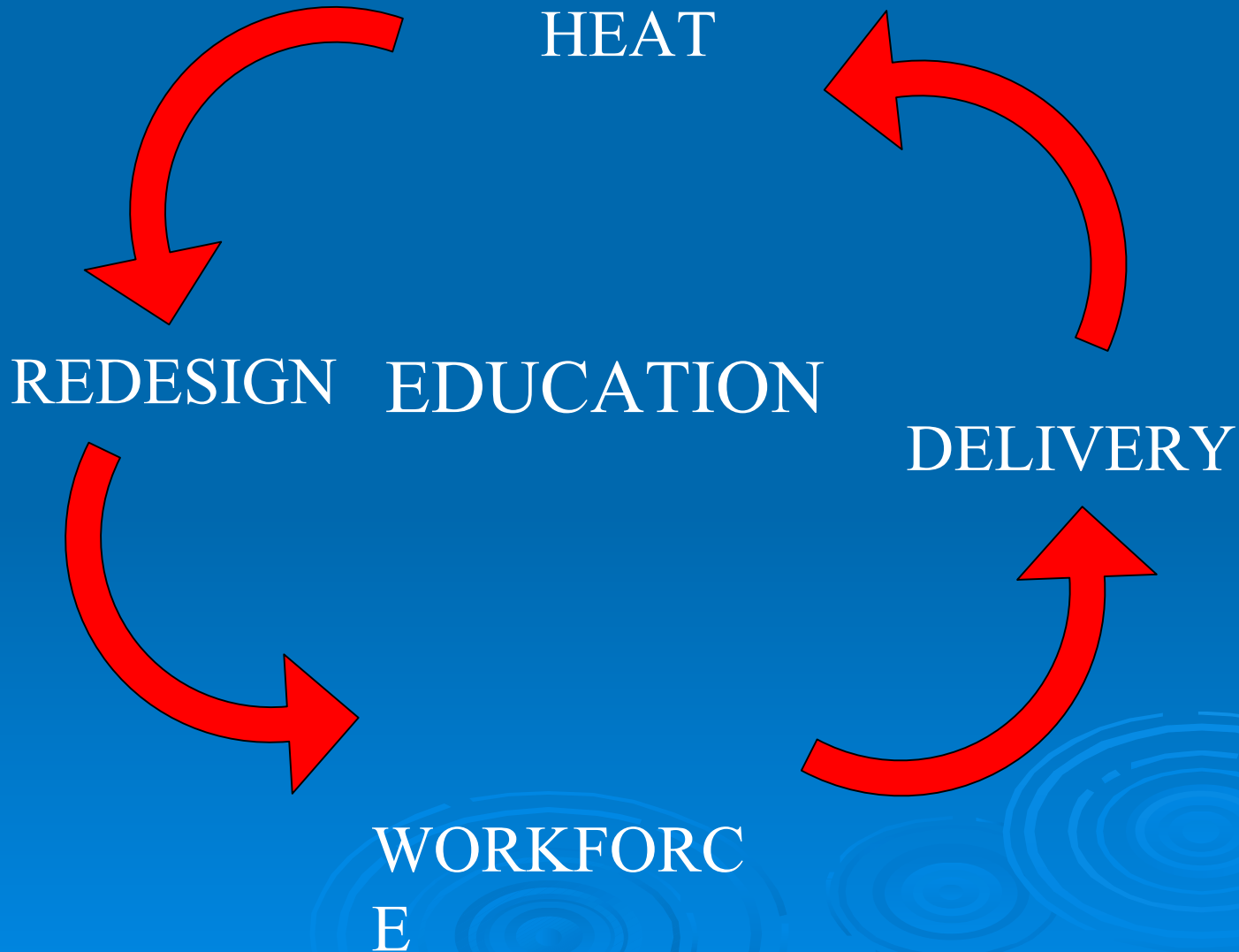
WORKFORCE  
CHANGE

# Directorate of Delivery



SEHD: Wider delivery ethos  
Delivery proofing policy and plans

# National 'Improvement' / Redesign



# Learning from improvement programmes (Scottish Primary Care Collaborative)

- Changing composition of GP workforce
- New GMS / Q.O.F
- Access target/s
- Focus on Long Term Conditions
- Improvement tools & Collaborative success
- Main changes to receptionists & nursing roles
- Main changes brought through building in standardisation of processes, reducing variation in treatment and skill mix

# Outpatients Programme

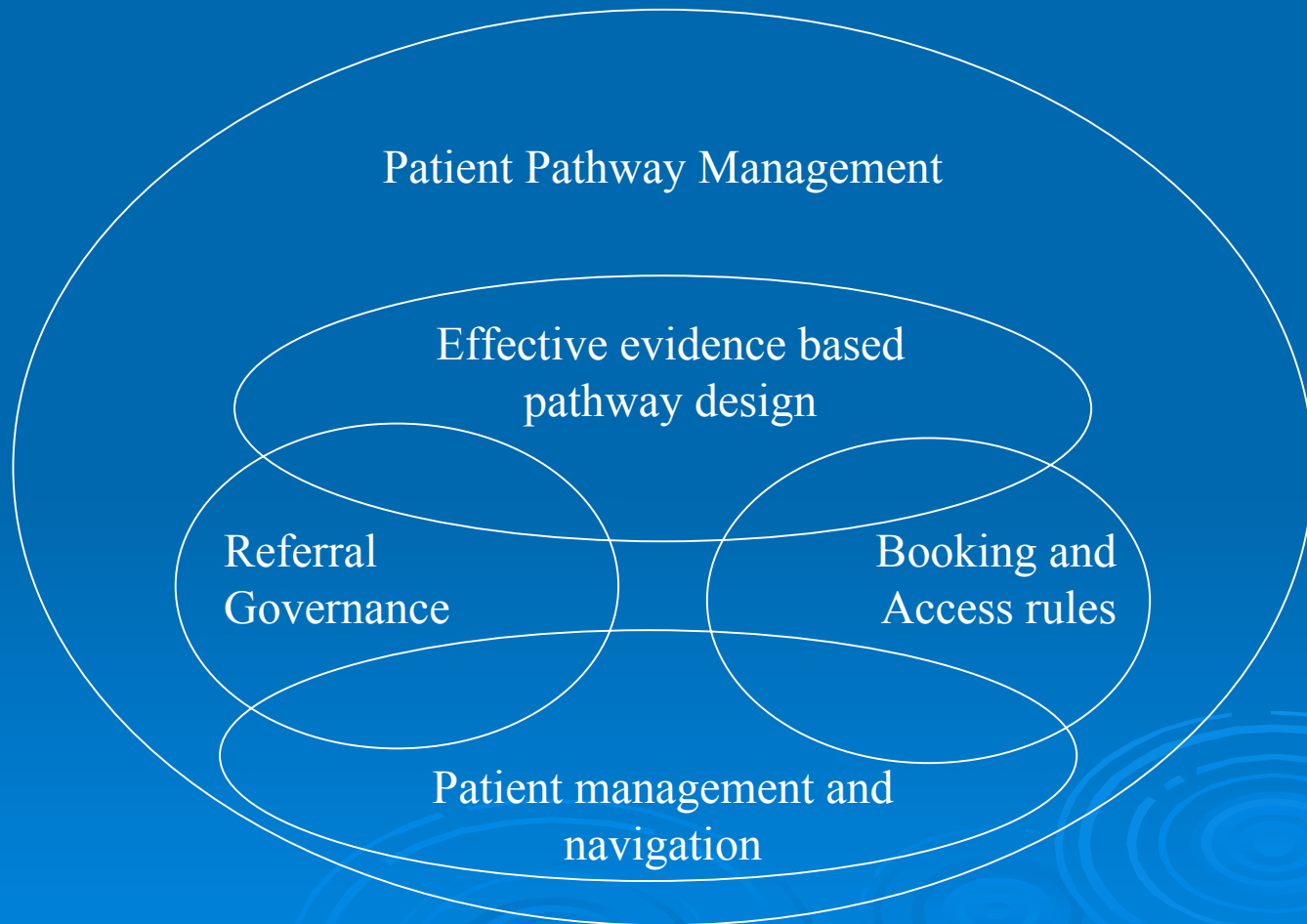
- Focus on traditional ‘long waiting’ specialties
- Development of patient pathways ( $n > 80$ )
- Over 150 new roles developed, delivering over 20,000 new appointments
- Issues, education, support and stability

# Planned Care Programme (1)

## '5 Simple Changes'

- Day surgery as the norm
- Improve referral & diagnostic pathways
- Actively manage admissions
- Actively manage discharge / length of stay
- Actively manage follow-up

# Planned Care Programme (2)



# Diagnostics Programme / Cancer Services Improvement

- Nurse specialists
- Trackers / navigators
- Role of telemedicine
- Non-medical endoscopists
- Four tier model for imaging services

**GROUP 1:** Minor Injury and Illness

**GROUP 2:** Acute Assessment

**GROUP 3:** Medical Admissions

**GROUP 4:** Surgical Admissions



**GROUP 5:**  
Out of Hospital Care

# Unscheduled Care Programme

- Wider reconfiguration issues
- Flow improvements / streaming
- Minor injuries / nurse led practice
- Understanding / informing approach to workforce development based on understanding demand and variation

# Mental Health and Doing Well

- Self help, guided self help and CBT in community
- 'New' roles / different approaches
- HEAT targets to further drive change
- Mental Health Delivery Plan

# Community Health Index (CHI) number

HI already exists, the trick is to make sure people USE it

ind and communicate benefits *for the staff whose working practice you would like to change*

hanging culture/attitudes so that CHI is seen as a necessary part of identifying patients

sing CHI becomes “business as usual” for ALL staff

# Remote and Rural Issues

- Equal access to care pathways
- Workforce – small staff numbers
- Arbutnott allocations of funding to improve services and equipment
- Not enough staff to meet all requests
- Getting team members to meetings / conferences
- Videoconferencing

# Developing extended roles

- Time to practice
- Sustainability
- Measurement / Evidence
- Training & Accreditation frameworks

“We all know that Adam said to Eve ‘My dear, we live in a period of transition’”

- Need to work efficiently / join it up
- How can we help to achieve this?