



The NHS in Darlington,  
Durham and Tees



# Better health programme

**Strategic Workforce Challenges and Plan**  
**Joint Overview and Scrutiny Committee**  
**19 January 2017**



## Significant Drivers for Change



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- Planning for the future – workforce projections
- Medical education and training
- Increasing demand and complexity of care
- Raising the quality of care
- Comparing the current workforce with proposed level of cover in the Better Health Programme (BHP) model of care
- Continued transformation of the workforce



## Workforce Projections by Health Education North East (HENE)



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- HENE - independent body responsible for NHS workforce planning
- Pressure on medical recruitment (hospital and primary care), in foundation training and specialty training posts, and in non medical posts (particularly nursing), but also some specialist posts
- For England, for example, current shortfall in posts to match demand:
  - Acute medicine is 552 increasing to 873 by 2020
  - A&E is 224 increasing to 371 by 2020
  - Anaesthetics is 225 increasing to 530 by 2020
  - Cancer is 353 increasing to 629 by 2020
- Numbers of medical trainees expected to reduce, and non-trainee solutions should be investigated where appropriate.
- Female doctors expected to outnumber male between 2017 and 2022, accelerating demand for more flexible working.
- Pressures, whilst beginning to alleviate in some areas, will not be resolved in the short term



## HENE Actions



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- Increased recruitment to medical and dental, hospital and GP training places
- Expansion in key areas (for example, emergency medicine, acute medicine and clinical radiology)
- Investment in development of training places for:
  - nursing
  - advanced practitioners
  - community and primary care workforce
  - scientific training programmes



## Improving access to specialist care



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- Our acute hospital services could deliver better quality of care by direct access to Consultant specialist services for everyone 7 days a week, where appropriate 24 hours a day;
- Some highly specialist services do not see enough patients to maintain and develop care which meets agreed clinical standards now and for the future, e.g. acute surgery and neonatal intensive care
- Some services do not have enough consultants to ensure rotas in hours and on call to meet clinical standards, e.g. A&E
- People experience variation in quality of care depending on where and when they are treated



## Example: acute medicine and specialist medicine



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- Clinical teams are too small and we don't have enough specialists (e.g. cardiologist or GI) to provide an on-call service out of hours.
- To fill the posts we have now, increasing locum medical costs – in 2014/15 over £30 million pounds was spent on agency staff for doctors alone.
  - Our vision, delivers larger teams in fewer sites so more patients will have their initial assessment and treatment by a doctor specialising in their condition during the day and night time.
  - Evidence from a major hospital in the North East shows that the specialist model means many more patients (77%) are now admitted to the right speciality ward for their whole hospital stay.

Acute medicine	Current funded posts	BHP standard
James Cook	68.6	Reasonable number of posts but e.g. only half of the hyper acute stroke posts are filled by permanent staff
Darlington North Tees	28.2 37.5	Aim is for at least 50 WTE on 2 <sup>nd</sup> Emergency Hospital site and remaining posts allocated to other hospitals receiving patients
<b>Total</b>	<b>65.7</b>	



## Example: Acute surgery



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- Minimum number of 8 WTE covering on-call general surgery rota at both sites - but requires cover from a breast surgeon and a vascular surgeon which is no longer viewed as appropriate.
- Future sub-specialisation (e.g. between upper GI and colorectal surgery) will exacerbate this issue in the next five years.
- Consultants expected to have no other commitments - with minimum staffing this is not feasible.
  - Two sites ensure larger teams and greater flexibility to deliver other commitments

Acute surgery	Current funded posts	BHP standard
Current position: 2 District General Hospitals and a Regional tertiary service	24	24
Proposed Vision: 2 specialist emergency departments	24	24



## Example: Acute surgery



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- A key clinical standard with availability to see patients within 12 hours every day.
  - The National Emergency Laparotomy Audit 2015 showed variation between hospitals.

Emergency Surgery: Current Performance against Clinical Standards			
	DMH	JCUH	UHNT
Consultant surgeon review within 12hrs of admission	50-79%	0-49%	50-79%
CT reported before surgery	50-79%	50-79%	50-79%
Consultant surgeon and anaesthetist present in theatre	80-100%	50-79%	80-100%



## Example: Emergency and Urgent Care



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- In A&E, no site is currently meeting the levels of consultant presence set out in the acute clinical standards, and gaps often filled with locums at higher cost.
- Local urgent care workforce would continue to be GP and senior nurse delivered

Emergency and urgent care	Current funded posts	BHP standard
<b>Current position: 2 District General Hospitals and a Regional tertiary service</b>	<b>37.5</b>	<b>48</b>
<b>Proposed Vision: 2 specialist emergency departments</b>	<b>37.5</b>	<b>36</b>

- Needs to be a greater shift from hospital care to care closer to home
- Transformation needed by GP and primary care staff to respond to this ambition



## Example: Trainee workforce - Paediatrics



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- Trainee pressures identified by HENE are impacting significantly on paediatric workforce
- Numbers of medical trainees are reducing, and this trend will continue, and HENE recommend that non-trainee solutions should be investigated

Paediatrics	Consultants	Trainee 2 <sup>nd</sup> tier	Trainee 3 <sup>rd</sup> tier
<b>In post</b>	<b>34*</b>	<b>21</b>	<b>21</b>
<b>BHP standard.</b>	<b>30</b>	<b>30</b>	<b>30</b>

- This means, currently, 9 consultants “act down” to fill trainee rotas, meaning only 25 out of 34 are available for consultant rotas



## Conclusion



The NHS in Darlington,  
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- Our workforce are highly committed and highly professional
- Transformation of our workforce is a continual journey of improvement to deliver better care to patients
- Increasingly, there are pressures on our training and specialist workforce both nationally and in the North East
- We are responding positively but we need wider system transformation to retain and attract the best in a highly competitive workforce



## Case Studies: Workforce Transformation



The NHS in Darlington,  
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- Major trauma centre
- Durham Dales Diabetes service
- South Tees early supported discharge for stroke
- <https://www.youtube.com/watch?v=OkI25T1DsjM&feature=youtu.be>





**Thank you**



- Questions