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Workforce Productivity: making it a productive conversation

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Developing people for health and healthcare

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An unhelpful conversation on productivity

- Debating definitions - outputs or outcomes ?
- Debating data and excessive measurement
- Unhelpful self-evident statements on variation
- ‘More for less’ magic wands

Productivity = ‘output per worker’

But what is output? Is it:

- volume of patients being seen and cared for; ranging from a 5 minute consultation to a major surgery and post-operative care (technical efficiency)
- or outcomes for individuals and the population (allocative efficiency)

This is important in terms of the Quantity v. Quality, Efficiency v Effectiveness and concerns about ‘hitting the target and missing the point’…

…needn’t be an either / or

More for less - staff experience

- Less: Pay less (real terms & absolute terms), fewer staff (unfilled vacancies), reduced support
- More: start work earlier, finish work later, increase decision intensity, increased acuity, more services, higher quality measures

- Sometimes less for less: worrying and unsatisfying

- *Eg. GP 'session' increase from 4 hours to 5 or 6 hours, with more sicker patients, offering more, increased admin but pay per session is same or less*

- *Staff experience of 'more for less' often negative*

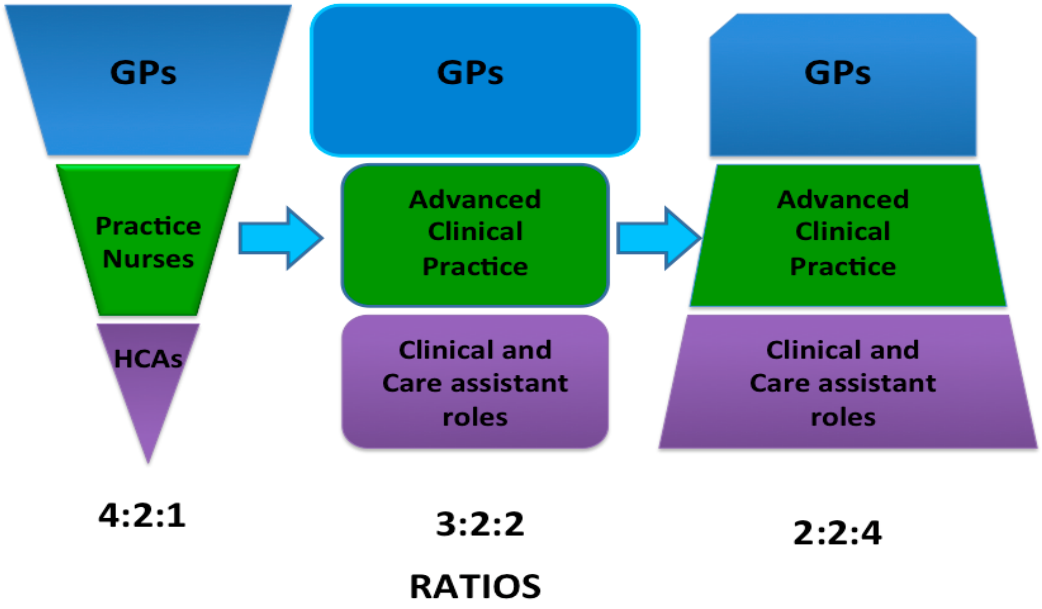
A productive conversation focussed on ‘a dynamic team’

1. **Think team** - identify the team that gets ‘the job done’ – what is the job and what is the team? Shared goals, shared challenge, pool resources.
2. ‘**Who does what?’** - Ask the question and rethink the team, properly and together: this takes time and can’t be ‘done to’ - includes new ways of working & technology. Requires an open mind.
3. **Supply the right person for the right job** – but don’t design a team for people that are not there. Remember ‘what is the job to be done’? Includes new roles where it works; care navigator, nurse associate, PA, ACP, volunteer, carer. Many opportunities.
4. **Maintain staffing equilibrium** – if actual staffing does not match plan something goes wrong - price goes up, or quality goes down. Change the plan or change the staffing. Benefits of flexible working & employment.
5. **Make a happy and resilient team a goal** - Value and engage staff. Michael West’s 4 behaviours: attending, understanding, empathising, helping
6. **Create a productive learning environment** - to create a dynamic team

A productive conversation with the GP

Changing the shape of the primary care team

- the ‘Toblerone’ model demonstrates an alternative skill mix to fit new models of service delivery and demand
- roles that have the competencies and skills to carry out more routine patient care, freeing up other clinicians to carry out more specialised care or roles that traditionally have not formed part of a primary care team.



Investing in a productive General Practice team in West Yorkshire

Annual increase….

- 150 new general practitioners (GPs)
- 50 new nurses per year working in general practice
- 50 new clinical pharmacists working in general practice
- 50 new advanced ‘AHP’ practitioners per year (paramedics/emergency care practitioners, physiotherapists and occupational therapists) and physician associates
- Major development of the support worker based in general practice comprising:
- 70 new clinical support workers (health care assistants)
- Conversion of 70 practice clerical support workers per year into clinical support (patient facing) roles such as a care navigators
- Expansion of mental health therapists (70)
- Training of existing and new volunteers as community champions, wellbeing experts and experts by experience. (70)
- Opportunities to develop shared roles across primary, community and secondary care

It is not (just) what you do…. but the way that you do it

Enabling staff to retain some control over reconfiguring their working patterns helps engagement, retention and future recruitment

Recommendation from - Seven day hospital services: challenges and solutions December 2017