Allied Health Professionals: workforce productivity and efficiency – optimising impact.

#supportingclinicalproductivity
#AHPsintoAction

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NHS Improvement

16th November 2017



The themes of the 2020 objectives - delivering the improvements the NHS needs by supporting providers with…

NHS Improvement

Leadership and Improvement Capability

Building and maintaining capability to deliver sustainable services

Quality

Continuously improving quality of care, helping to create the safest, highest quality health and care service

Finance and use of resources

Balancing provider finances and improving productivity

Operational performance

Improving and sustaining performance against NHS Constitution standards

Strategic change

Ensuring every area has a clinically, operationally and financially sustainable pattern of care

Achieving an efficient and sustainable system by optimising operational productivity

NHS Improvement

Resources: financial and human resource and capital, supplies and equipment, estates and facilities

Quality: clinical outcomes, patient safety and care, and everyone's experience

Operations: waiting times, speed through patient pathway, volumes

Improving NHS productivity: understanding where the opportunities lie

- In Feb 2016 – Lord Carter's report on unwarranted variation in acute NHS trusts was published.
- 15 recommendations – collectively highlighting the opportunity to save up to £5bn if unwarranted varaiation can be tackled.

Optimising clinical productivity

The underlying principles of the operational productivity programme:

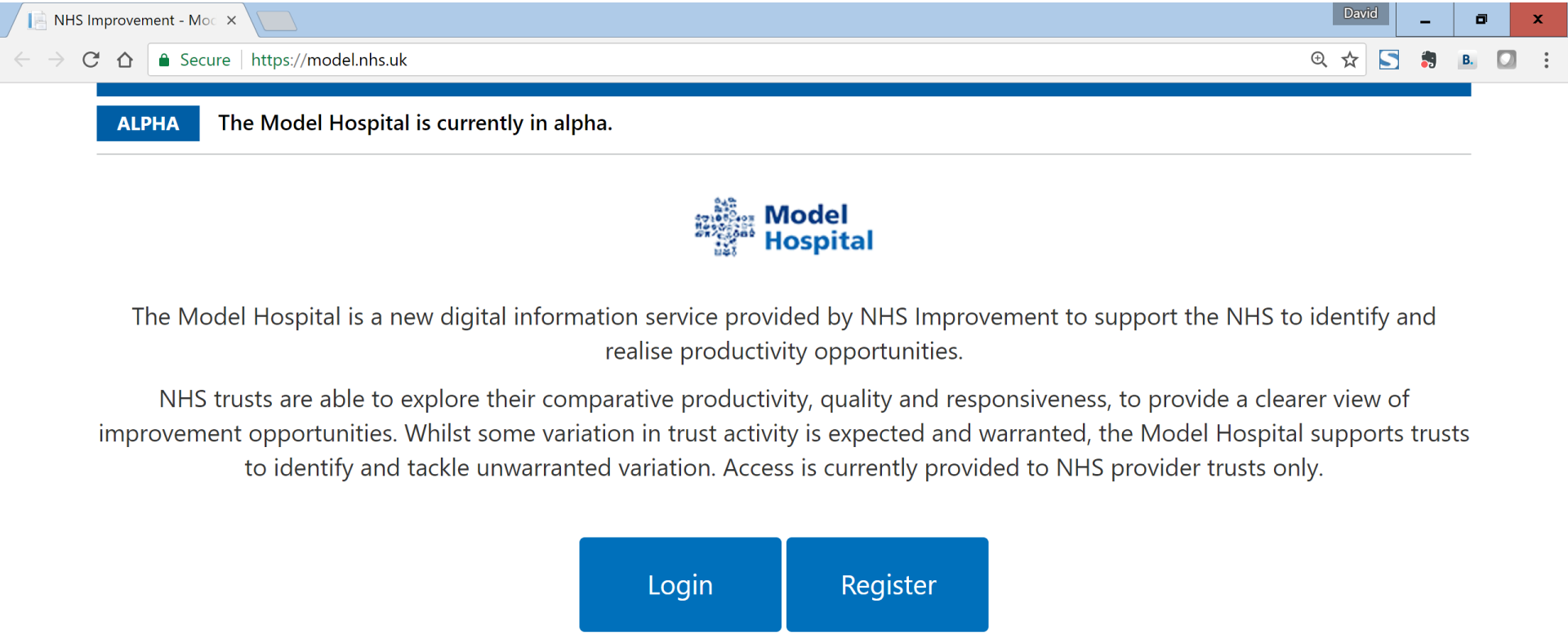
- Data, data, data – consistently reviewing data to monitor performance.
- Comparing performance with peers
- Focussing on areas of unwarranted variation to target opportunities for improvement.

Model Hospital

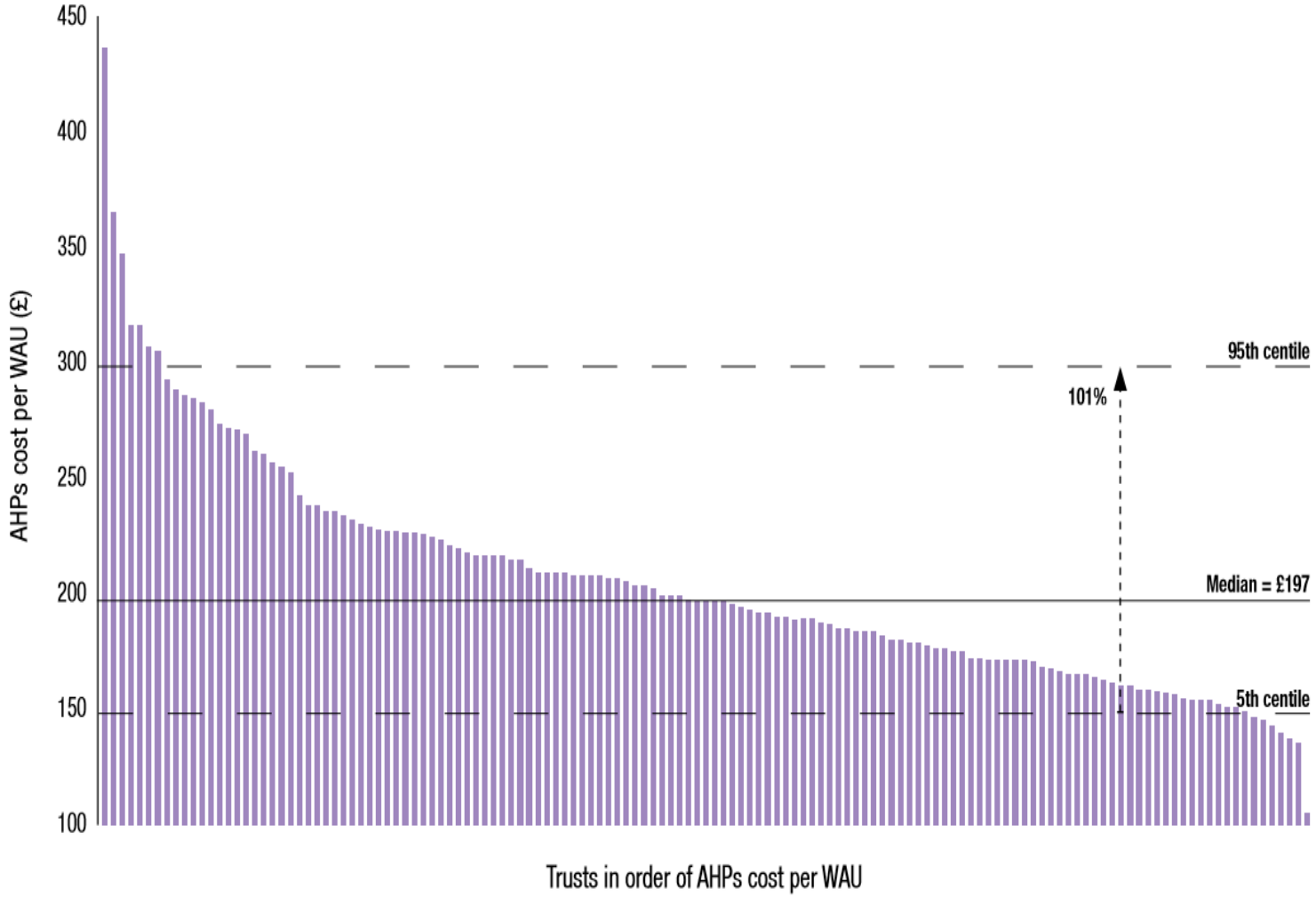
https://model.nhs.uk
nhsi.modelhospital@nhs.net



Register online at https://model.nhs.uk



AHP distribution curve

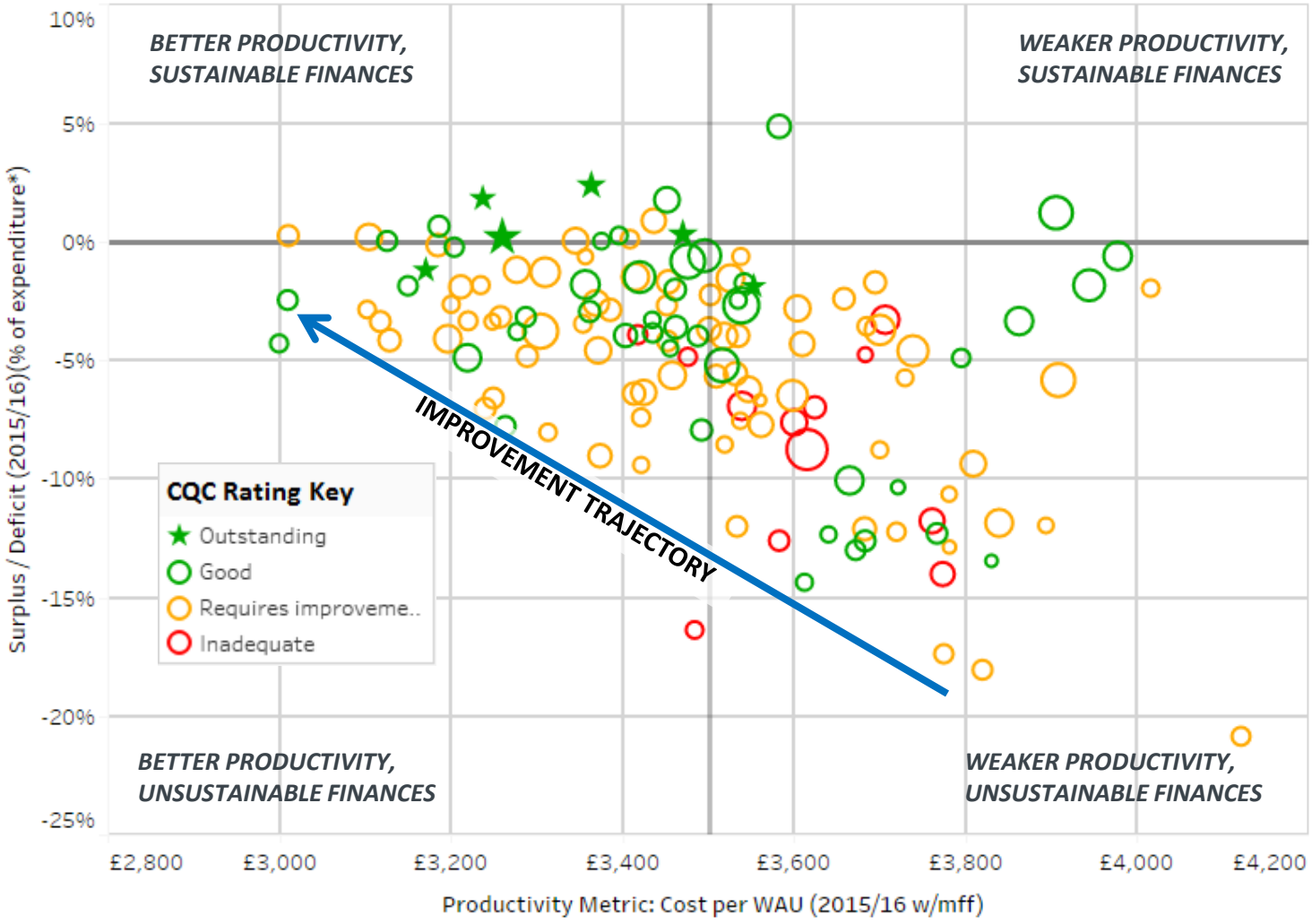


Relationship between quality, productivity and overall financial position (England)

– targeting our efforts on trusts in most need of improvement

NHS Improvement

The national programme objectives actions will only be met by specific actions taken within and across trusts – NHSI and partners need to target our limited support for greatest impact



- **Trusts with a lower cost per WAU (more productive) tend to have a smaller deficit and more sustainable finances**
- **Lower quality trusts tend to have weaker productivity and unsustainable finances**
- **Higher quality trusts have higher productivity and more sustainable finances**

- Icons: 136 non-specialist acute trusts
- Size of Icon: Standardised clinical output (WAU)
- Colour/shape of icon: CQC rating
- Cost per WAU: is from Reference Cost 15/16
- Surplus deficit: from trusts accounts, figure excludes impact of impairments and transfers by absorption and charities (15/16)

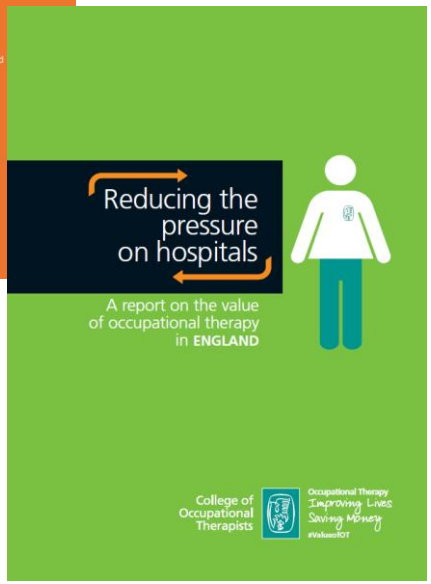
Improving productivity…

Focus on AHPs……

The NHS is committed to providing best value for taxpayers' money

(The NHS Constitution for England)

How do we know that AHPs are adding value?



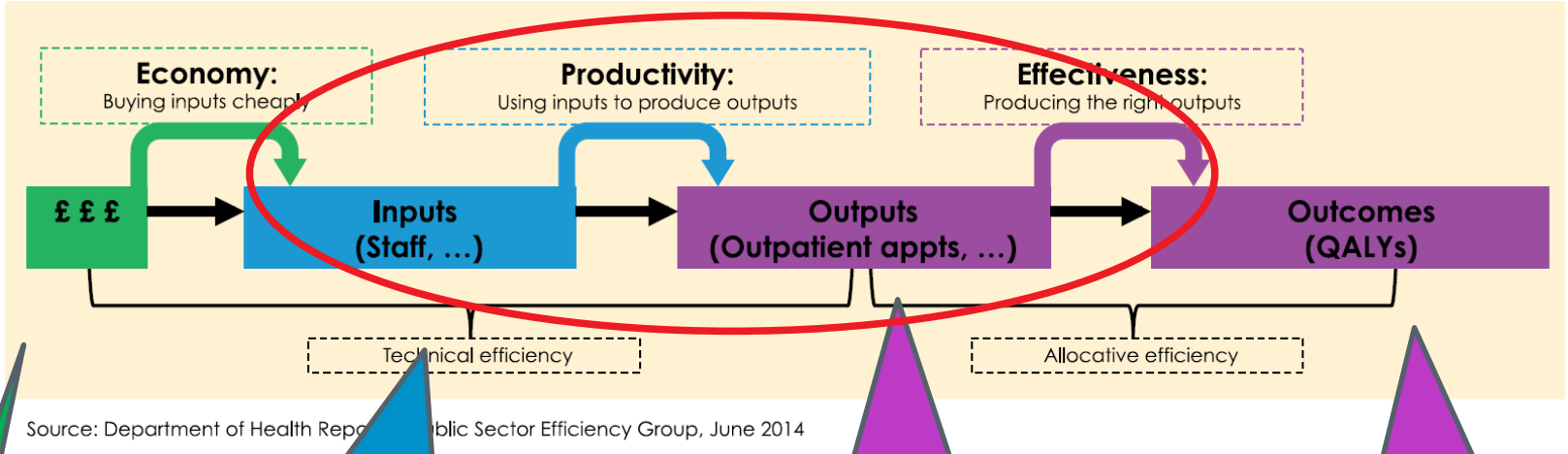
Excellent examples of where AHPs are making a difference in terms of impact .

Their diversity (14 different roles) offers collective opportunity to add value to all areas of healthcare

Carter report (2016)
High Quality patient care and good resource management go hand in

How do we know we are getting best use of clinical resources?

How should we measure value? (the whole is greater than the sum of its parts)



Source: Department of Health Repo… blic Sector Efficiency Group, June 2014

Cost / skill mix

Optimum inputs

- drive up available clinical time
- Reduce unnecessary (associated) clinical time
- Work to top end of competencies

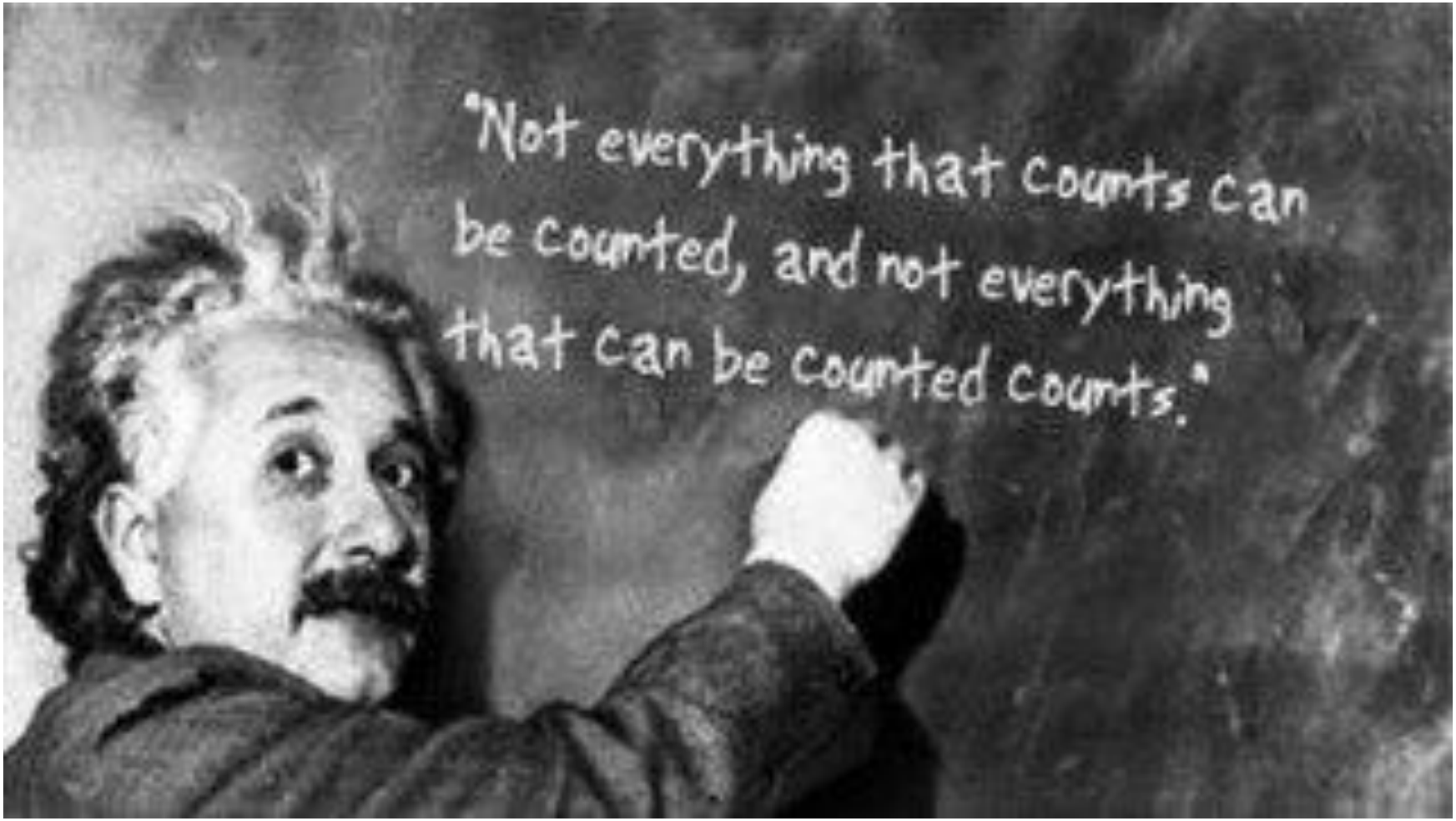
Optimum outputs

- Managing demand (contacts)
- Reducing waste (false demand / inappropriate referrals)

Greatest impact

- GIRFT
- Beneficence – the most patients with the best outcomes
- Sustainable finances

What does it mean for AHPs?



Measuring (and optimising) inputs

AHP Job planning

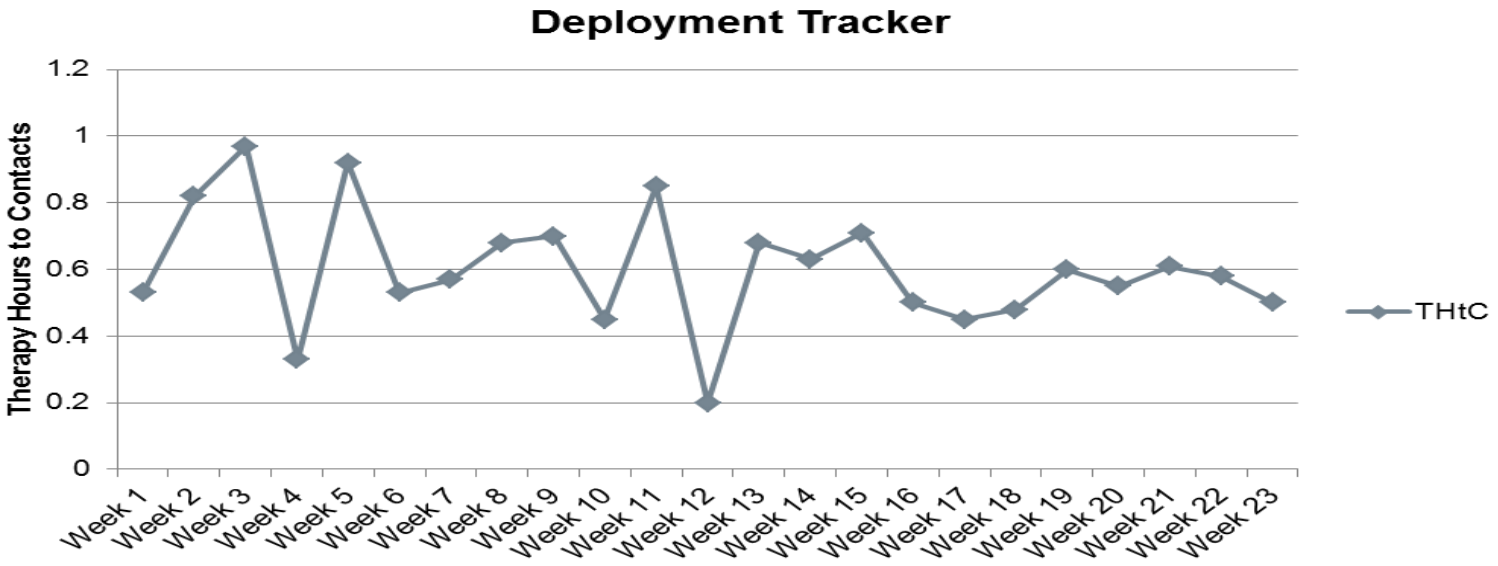
AHP job planning is an effective method of profiling the clinical workforce to match available clinical resources to the organisation's objectives and clinical priorities.

Job planning can help to profile avaialble AHP capacity in a way that budgeted and WTE data cannot.

Q: How many clinical hours are available across the ACS at any given time?
Q: what % clinical care hours does each provider within the ACS provide?
Q: what % of clinical hours does your WTE workforce generate?

Measuring (optimising) outputs

Using a tracker to monitor activity (THtC)



Q: what is the benchmark THtC (Clinical hours available / number of face to face contacts) for each of your service lines?

Physiotherapy Inpatients by Organisation

Trust Code	Organisation Name	Total Paid Hours	Total Clinical hours per annum	Other Hours per anum (Including non-clinical time, AL, matt leave etc.)	No of Contacts per annum	Clinical hours to contacts	FTE	Therapy (Clinical) hours per FTE	Contacts per FTE	Other hours per FTE	Clinical hours as % of Total hours
		45,994	36,162	9,832	38,164	0.95	23.59	1,533.17	1,618.03	416.83	78.62%
		127,434	91,566	35,868	101,071	0.91	65.35	1,401.15	1,546.59	548.85	71.85%
		129,753	85,769	43,984	59,926	1.43	66.54	1,288.99	900.60	661.01	66.10%
		105,339	84,672	20,667	113,410	0.75	54.02	1,567.42	2,099.41	382.58	80.38%
		151,132	84,906	66,225	120,586	0.70	77.50	1,095.51	1,555.88	854.49	56.18%
		103,929	81,409	22,520	110,334	0.74	53.30	1,527.47	2,070.19	422.53	78.33%
		259,178	167,842	91,335	183,558	0.91	132.91	1,262.81	1,381.05	687.19	64.76%
		68,679	15,852	52,827	58,098	0.27	35.22	450.09	1,649.57	1,499.91	23.08%
		122,276	77,806	44,470	71,508	1.09	62.71	1,240.81	1,140.37	709.19	63.63%
		187,938	149,034	38,904	89,565	1.66	96.38	1,546.35	929.31	403.65	79.30%
		69,667	11,105	58,562	33,963	0.33	35.73	310.84	950.63	1,639.16	15.94%
		170,965	111,963	59,002	141,920	0.79	87.67	1,277.04	1,618.72	672.96	65.49%
		99,416	19,625	79,791	72,023	0.27	50.98	384.94	1,412.70	1,565.06	19.74%
		150,313	111,574	38,739	75,057	1.49	77.08	1,447.45	973.71	502.55	74.23%
	Average	**136,929**	**82,912**	**54,016**	**92,892**	**0.84**	**70.22**	**1,049.75**	**1,347.36**	**900.25**	**53.83%**

Legend

Total Paid Hours per Anum has been calculated on an assumed 37.5 hour week across 52 weeks for each FTE.

Clinical Hours to Contacts is the Total Clinical Hours per annum divided by Sum of Number of Contacts

Therapy Clinical Hours per FTE is the Total Clinical hours per annum divided by Average FTE

Contacts per FTE is the Number of contacts per annum divided by Average FTE

Other hours per FTE is the sum of Other Hours per annum divided by the Average FTE

Clinical Hours as % of Total hours is the sum of Total Clinical hours per annum divided by the Number of hours per annum (as a percentage)

Measuring (ensuring greatest) impact

GIRFT
GETTING IT RIGHT FIRST TIME

NHS Improvement

PLICS

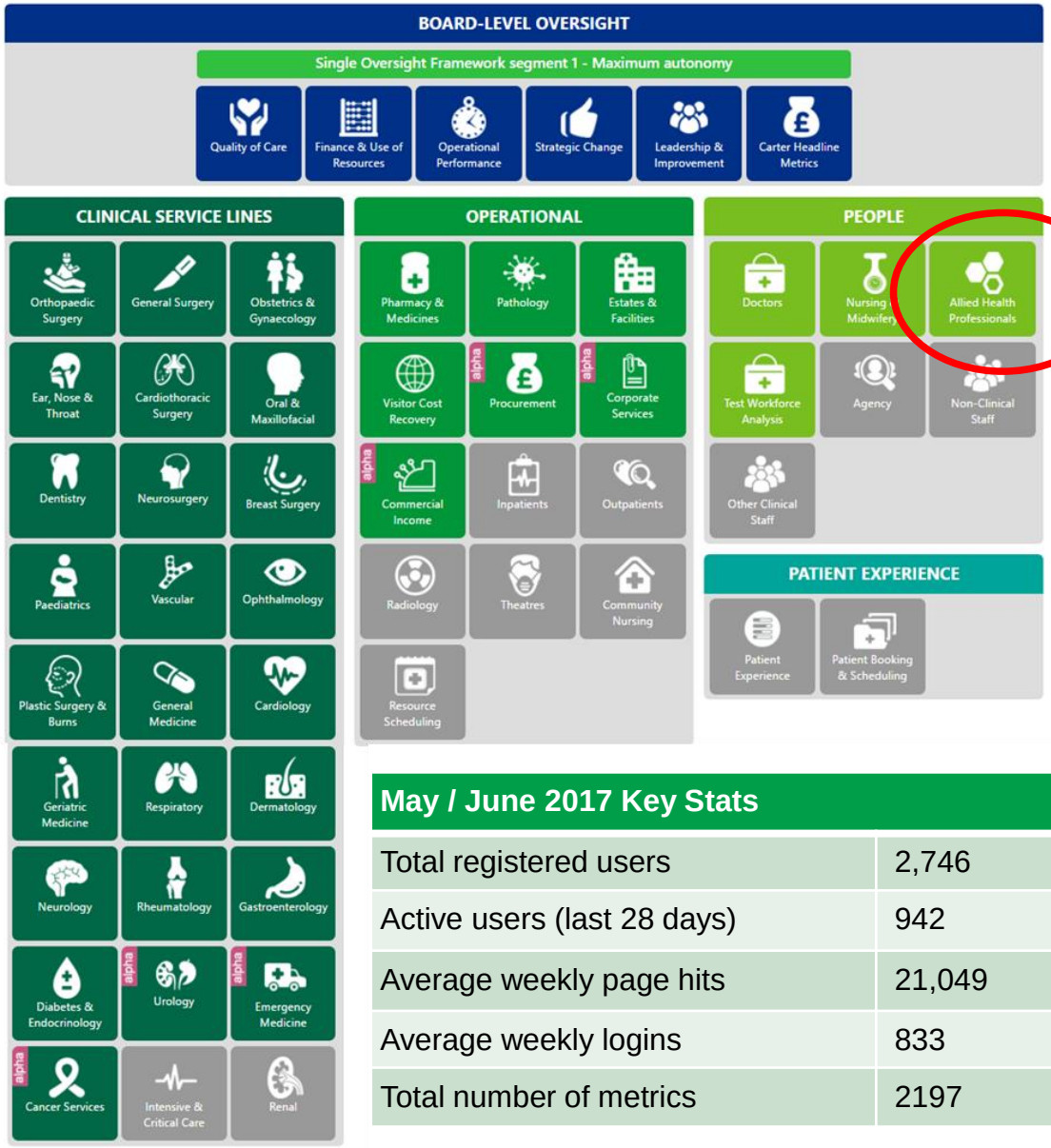
Demonstrating AHP Value

Q: what is your service there to deliver?
Q: which ACS priorities does your service deliver against?
Q: what quality outcome measures do you routinely collect?

Model Hospital

…has moved from concept to an agile NHS digital product that is improving quality and efficiency

NHS Improvement



The Model Hospital is a nationally available information system relating to metrics of productivity, efficiency and quality of care

Model Hospital compartments are each led by a professional

Users can self- select peers for comparison

GIRFT Compartments are under development, Orthopaedics available, Urology coming soon

May / June 2017 Key Stats	
Total registered users	2,746
Active users (last 28 days)	942
Average weekly page hits	21,049
Average weekly logins	833
Total number of metrics	2197

Timeline	
Project initiation	Feb 2016
First iteration	Apr 2017
Comprehensive product	Apr 2018

The AHP story as told through the MH lens

A balanced score card…….

Financial Cost per WAU Job planning - cc per FTE Deployment - THtC Cost - cost per contact	**Customer** ?impact Pt experience GIRFT TOMs RCS
Processes DNA 7 day services Access - ave waiting times New to FU	**People** Reg / unreg Retention Sickness Engagement vacancy

2 NHS Improvement should develop and implement measures for analysing staff deployment during 2016, including metrics such as Care Hours Per Patient Day (CHPPD) and consultant job planning analysis, so that the right teams are in the right place at the right time collaborating to deliver high quality, efficient patient care;

NHS Improvement

Person centred care – the right professional, to the right patient, at the right time.

Opportunities and enablers:

- Model hospital dashboard – a window to explore metrics of productivity, efficiency and quality of care to seek opportunities for improvement.
- E-rostering
- Job Planning

Benefits:

- Ties together high quality clinical care with good resource management
- Gives AHPs the same visibility as other staff groups
- Offers consistent reporting ‘comparing apples with apples’
- Standardised performance analysis for Trusts, commissioners, regulators



#AHPs

Questions


TIME TO PLAN

Objective 1: to profile the existing AHP workforce in terms of 1) available clinical time and 2) available clinical time per specialty using the principles of job planning. Some trusts may be using e-roster to report this. (inputs)

Objective 2: to review, reconcile and cleanse ESR so that it accurately reflects your AHP workforce. (inputs)

Objective 3: to consistently collect AHP activity in line with costing standards (PLICS), to be able to show number of direct contacts among other things. (outputs)

Objective 4: to implement a regular 'Therapy Hours to Contacts' data collection so that high level variation can be tracked and explored. (deployment tracker)