

A WORKFORCE FOR THE
FUTURE: EXPLORING NEW
WAYS OF WORKING.

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SCTS National Survey Cardiothoracic Provision

- Benchmark survey to document current and future policy. Examine practice implications for the strategic future of cardiothoracic surgical provision
- Aimed to reveal the range of solutions that have been adopted to date, to help inform the speciality about how the service may be delivered in the future.

(Bartley and Livesey, 2007)

Survey Conclusions

- Service delivery demands an expansion in the number of nursing practitioners who hold a qualification for non-medical prescribing, health assessment and patient examination and critical decision making
- The solution was that practitioners must have the knowledge, experience and decision making skills to deliver expert care.

(Bartley and Livesey, 2007)

Initial Challenges

- CULTURE
- MANPOWER
- ROLE DEVELOPMENT
- TRAINING & EDUCATION
- MDT
- TRUST SUPPORT WITH VICARIOUS LIABILITY
- PROTOCOL DEVELOPMENT
- DEVELOPMENT: INDIVIDUALS, TRUST, NATIONAL CARDIAC SERVICE PROVISION
- REGULATION
- ACCOUNTABILITY
- FINANCE

UHCW Model

Perioperative Specialist Practitioner (PSP)

A non-medical practitioner, working at an advanced level in clinical practice ensuring continuity of patient care within preoperative and postoperative settings and supervised by a consultant surgeon working as a permanent member of the extended surgical team.

(DOH Curriculum Framework, 2007)

Education & Training

- Academic component

 - Critical decision making

 - Anatomy, physiology & pharmacology

 - Assessment & the surgical pathway

- Clinical component

 - Clinics & department visits

 - Clinical lectures, audit & governance

 - Clinical supervision

 - Clinical assessment; generic & specialist

Model of Service Delivery UHCW

- Role to cover the patient pathway from admission to discharge
- Integrated working with the MDT
- Critical Decision Making & Timely Intervention
- Service lead by Modern Matron and Clinical Director
- Funding initially from SHO monies
Deanery support to be withdrawn and trust will fund

VISION

- SEAMLESS PATIENT PATHWAY
- QUALITY EVIDENCE BASED CARE
- AUDIT- IMPROVE AND RESHAPE SERVICE DELIVERY
- EXPERT TEAM
- CRITICAL DECISION MAKING
- EXCELLENT COMMUNICATION LINKS WITH MDT
- COLLABERATION WITH REFERRING HOSPITALS TO ENSURE TIMELY PATIENT TRANSFER
- ACHIEVING LOCAL & NATIONAL TARGETS

Where Are We Now at UHCW?

- Further reduction of junior doctors working hours (48 hr wk) by August 2009
- 2 SHO's (Funding for 4)
- 4.8 WTE PSP's (1 WTE CT Surgical Practitioner)
- 7/7 ward cover for 12.5 hours by PSP's

MDT Perspectives of PSP Role

Modern Matron

- Reliable and provides continuity of care
- Knowledgeable practitioners working with the medical team
- Exciting and challenging
- Varied perceptions about role – requires clarity

Ward Manager

- Continuity of care
- Quality care delivery
- Consistent link to surgical team
- Support to ward manager, ward co-ordinator and ward nursing staff

Cardiothoracic Critical Care Manager

- Positive for patient – consistent input from senior nurse
- Support for SHO/SpR
- Issues - Boundaries of practice
 - National regulation and banding
 - Training
 - Role definition

Ward Nurse

- Clinical link between medical and nursing teams
- Teaching Resource
- Tendency for ward staff to refrain from problem solving themselves

Critical Care Nurse

- Organise investigations
- Prescribe
- Practical skills for line insertion
- Role to take lead in respiratory weaning long term patients

Physiotherapist

- Highlight deteriorating patient quickly
- Teamwork in facilitating repatriation and rehabilitation
- Asset at Case Conferences

Surgeons

SHO

- Role needs clarity
- Dedicated consistent member of the team
- Should be attached to firms

SpR

- Point of contact
- Need for expansion to review/accept relevant patients in ED

Consultant

- Role poorly defined
- Supplement but not replace SHO's
- Not prepared for change

Ongoing Challenges at UHCW

- Inferior academic standard of course to that expected and required – knowledge gap which will need to be met ‘in house’
- Balance of learning in practice/theoretical V service delivery
- Frustration from PSP’s regarding current degree of influence on practice development
- Not able to fully cover service. Main shortfalls - clerking and prescribing

THE WAY FORWARD

- **ROLE CLARIFICATION/DEVELOPMENT OF PSP:**

Competent/efficient history taking/clinical examination elective/emergency patients

Pre Admission Clinic

Cardiothoracic Critical Care

Assessment of patients in Emergency Department

Nurse prescribing

Further expansion repertoire clinical skills

- **EVENTUAL EXPANSION OF PSP TEAM (? 24 HR COVER)**

- **CLOSER LINKS BETWEEN PSP's AND CT SURGICAL PRACTITIONER**

How ?

- STRUCTURED IN HOUSE TEACHING/NURSE PX COURSE
- COMMUNICATION OF ROLE DEFINITION AND BENEFITS ESSENTIAL
- ENSURE SAFE DELIVERY OF CARE THROUGH PERIOD OF CHANGE
- FORWARD PLANNING FOR LONG TERM SUSTAINABILITY
- NEED FOR MORE NATIONAL UNIFIED APPROACH TO NURSE PRESCRIBING

Conclusion

- The rate of change since the release of the paper 'Exploring New Ways of Working in Cardiothoracic Surgery' is reported to have been variable, but slower than envisaged nationally.
- Health Service delivery will ever need to develop and evolve to ensure that the needs of staff are met, and that the utility provided is cost effective, relevant, innovative and high quality, improving the patient experience as far as possible.

- It is extremely important to recognise that people can resist change. Therefore, it is essential that the team continue to be supported through the process, to ensure the long term viability of the system.
- Careful consideration of influences and the new ways of working, means that this chapter of change will remain an exciting one nationally, and particularly for us at UHCW.

References

- Livesey S & Bartley T (2007) Staffing Cardiothoracic Units - Developing a Workforce for the 21st Century www.scts.org.
- Workforce Review Team (2005) Exploring New ways of Working in Cardiothoracic Surgery www.modern.nhs.uk/cwp.
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- Thank you to various members of the MDT team for their views.