
POSTER ABSTRACT

Using action research for workforce development and planning in integrated care

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Introduction: Context – The NHS England (NHSE) Five Year Forward View (2015) aims to improve health, the quality of care and the predicted financial gap of 30 billion pounds by 2021. Strategic initiatives include prevention and self-care; enhancing primary care; efficiency measures; technology and innovation; workforce development; ‘local’, ‘joined up’ services delivered ‘out of hospital’.

In 2015, 29 ‘vanguard’ sites were chosen as part of the NHS New Care Models Programme to develop and test different, innovative, local models of integrated care. These models include ‘multispecialty community provider’, ‘enhanced health in care homes’, ‘acute care collaborations’, ‘urgent and emergency care collaborations’ and ‘primary and acute care’ systems. The Sunderland ‘multispecialty community provider’ site is in the northeast of England (high deprivation). Risk stratification shows that 3% of the population account for 50% of the health/social care spend (frail elderly with 2 or more co-morbidities with high risk of hospital admission).

Three models have been developed – Enhanced primary care; Community integrated teams (one in each of the 5 areas of the city); a Recovery at home service to facilitate early discharge and prevent re-admission.

The problem – Workforce planning ‘across the system’ had not been addressed. Key issues - Historic recruitment challenges, workforce engagement, change management and governance.

Practice change implemented: Action research to support the development of the workforce to deliver integrated care.

Aim and theory of change: Research questions: What are the skills, knowledge and behaviours which staff need to work in integrated care to deliver high quality effective care for patients?

How can current workforce development and planning approaches be improved and delivered?

Action research includes phases of action and evaluation, with findings fed back into the service developmental process. It is useful when there is little evidence of best practice, where new roles/services are being developed, or there is potential for tension across services. It

can also support behavioural change. The research includes documentary analysis, semi-structured interviews and focus groups.

Targeted population/stakeholders: System leaders, frontline health/social care staff, patients/carers

Timeline: January 2016 - April 2017 (3 phases)

Highlights: Documentary analysis and scoping interviews with 'system leaders' in phase 1 elicited themes/challenges which have been translated into actions and are being implemented and evaluated (report Autumn 2016).

Sustainability: The process/outputs will be evaluated as part of the final report

Transferability: Findings are fed back to participants for validation and the New Care Models workstream to share learning and develop the evidence base.

Conclusions: Phase 1 themes/challenges:

- Day-to-day management
- Team-working
- The change process
- Technology skills
- Mental health skills
- Patient/carer engagement and co-production
- Clinical pathway development
- Care co-ordination
- Holistic care skills - prevention and self-care

Discussion: Phase 1 results have provided a focus for the development of a workforce strategy for integrated care. Action research appears to support the engagement and development of the workforce – this will be tested further in phase 2/3.

Lessons learned: To date: Building trust to share information/learning between partner organisations from the onset

Keywords: workforce; action research
