**Who will do the work?**

**A whole system approach to workforce planning in the healthcare system**

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# Severe economic pressures on all health systems means that the efficiency and effectiveness of services are under close scrutiny. At the same time there is an overriding clinical imperative that patients should receive the most appropriate form of care for their condition and circumstances. Given that the workforce is the single most valuable – and expensive – resource in the provision of health and social care services, it is crucial to be able to plan skill requirements and numbers of personnel appropriate to best serve the needs of the population.

At a strategic level, one way to do this is to examine the acuity of patients’ medical conditions in acute hospital beds to see if there might potentially be better, non-acute alternatives for their care which might have prevented their admission in the first place or that might now accelerate their discharge to post-acute care. This is often the case for many patients and understanding their medical characteristics and how they entered the hospital system can provide valuable insight as to the range and volume of alternative health and social care services that could be developed instead. This, of course, has direct and very important implications for skill-mix profiles - and numbers - of health and social care professionals required both in hospital and wider community settings.

# The Balance of Care Group has undertaken many bed usage surveys to examine these questions in the UK over the past 10 years. They have all incorporated the Appropriateness Evaluation Protocol (AEP) which is a survey instrument originally developed in the USA but subsequently validated in a large-scale European study in the 1990s. The surveys have all had a common theme: to explore and quantify future capacity requirements for services based on patient needs – particularly those for older people - given trends in clinical and care practices. In all countries these increasingly place more emphasis on local, community-based care and minimising acute hospital admissions.

The bed usage surveys are typically conducted as point prevalence studies on a single day across all acute and non-acute beds within a local health and social care economy. Typically, in the UK, this serves around 500,000 inhabitants. Undertaking a survey requires training and organisation of local care professionals which, as well as obtaining the data for quantified scenario planning, usefully provides those involved with valuable insights into how their local health and social care system currently works.

The presentation will give an example of typical results which have been obtained from these surveys and give the opportunity to discuss their implication for service development and workforce requirements.

*Key Words*:

Workforce Planning, Capacity Planning, Whole Systems, Balance of Care models, Appropriateness Evaluation Protocol (AEP)