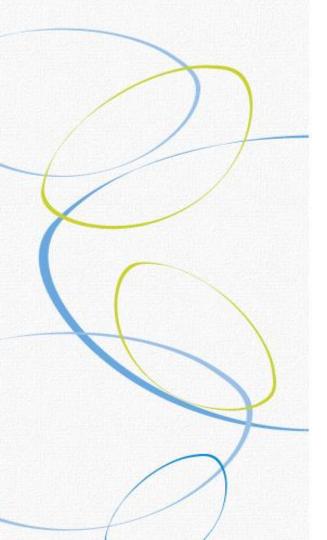


#### Joint Action Health Workforce Planning and Forecasting





### Welcome to London

WP6 Workshop, Thursday 23<sup>rd</sup> April 2015



Planning and Forecasting



#### CENTRE FOR WORKFORCE INTELLIGENCE







### **Greg Allen** Managing Director of the CfWI



Planning and Forecasting



#### CENTRE FOR WORKFORCE INTELLIGENCE







## Michel Van Hoegaerden

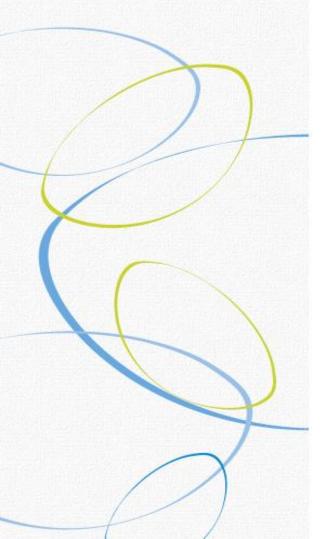
Programme Manager, Joint Action Health Workforce Planning and Forecasting



Joint Action Health Workforce Planning and Forecasting

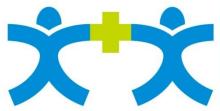






### Matt Edwards

WP6 Leader / Head of Horizon Scanning and International



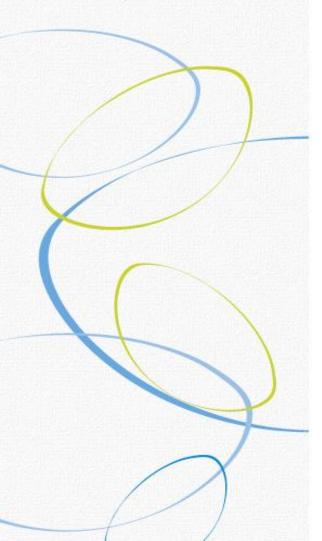




#### CENTRE FOR WORKFORCE INTELLIGENCE







## **Overview & Objectives**

Matt Edwards, WP6 Leader



#### **Ground Rules**

- There are no planned fire alarms.
- Please do not use phones during the sessions the lobby outside is available as a space to make any urgent calls and regular breaks are scheduled.
- Wifi is open access, your USB sticks have papers on, these are encrypted and the password is with the USB.
- Please ask Alison, Matt Lanyon or Simon if you have any questions about the venue.





### Agenda

Time	Activity
10:00 - 10:15	Welcome and introductions
10:15 - 10:30	Overview and objectives
10:30 - 11:15	D062 progress so far
11:15 - 11:30	Coffee break
11:30 - 13:00	Breakout session 1
13:00 - 13:45	Lunch
13:45 - 15:15	Breakout session 2
15:15 - 15:30	Coffee break
15:30 - 16:00	Next steps and close





#### **Objectives**

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13:45 - 15:15	Breakout session 2
15:15 - 15:30	Coffee break
15:30 - 16:00	Next steps and close

1. To update WP6 Partners on the progress made to date on D062

2. To discuss in moderated groups the development of D062 over the next 3 months

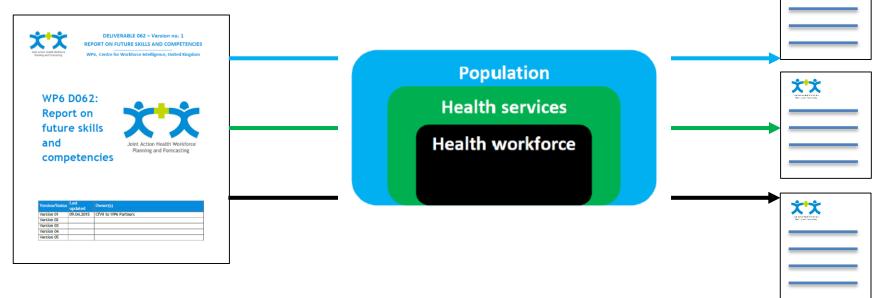




### Deliverable 062 Report on future skills and competencies

#### Grant Agreement, Annex 1b:

"The report will give an estimation of the future needs of skills and competencies and their distribution. It will contain a series of papers either covering off a key professional group (e.g. nurses) or a large trend (e.g. ageing population)."

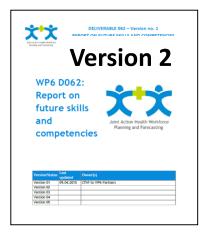


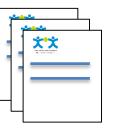




# Production of the report and policy briefs: timings

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future skills and competencies     Joint Action Health Workforc Running and Forecasting       Vestex/Subj. Intelligence Works of Works of Works of Works of Works of Works of Works of Works of Workforce     Owner(s) Workforce	WP6		
Version/State Lat Overe(s) Version 01 (r/D42015 CH1 to VM5 Partners Version 02 (r/D42015 CH1 to VM5 Partners	futur and	e ski	Joint Action Health Workforce Planning and Forecasting
upstated         CfWI to WP6 Partners           Version 02         Version 03			
Version 02 Version 03	Version/Status		Owner(s)
Version 03		updated	
Version 04	Version 01	updated	
	Version 01 Version 02	updated	
Version 05	Version 01 Version 02 Version 03	updated	





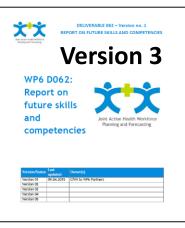
23 April 2015

Sent to WP6 partners Deadline for comments



y 2015

22 May 2015





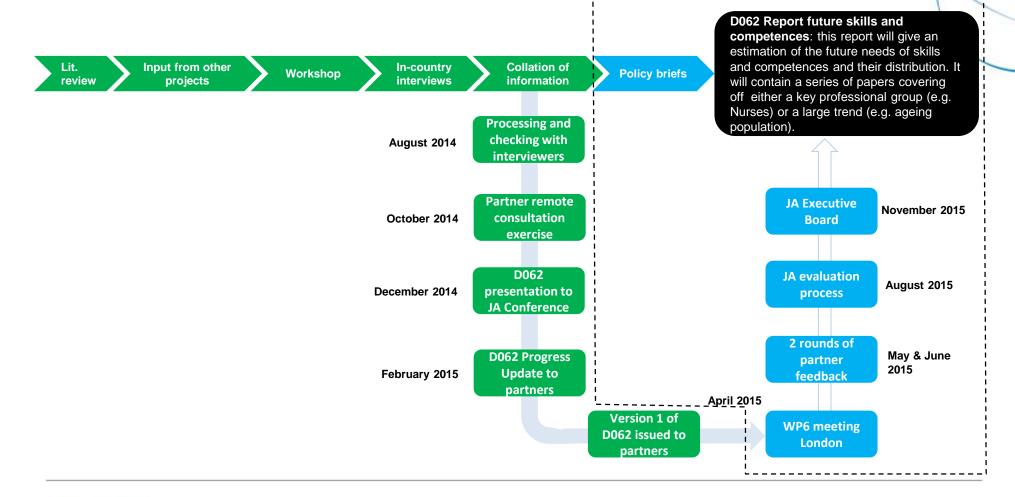
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19 June 2015





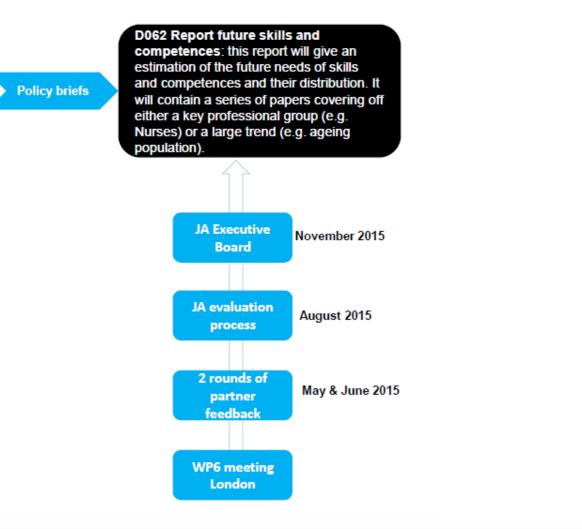
#### **Overall process**







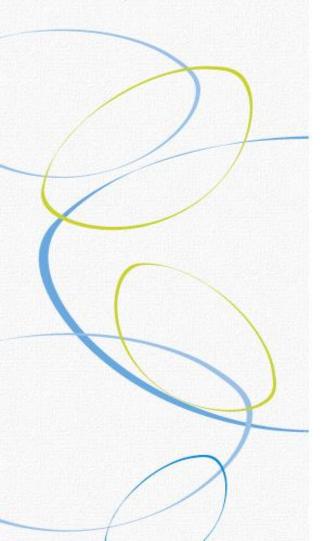
#### **Process to November 2015**









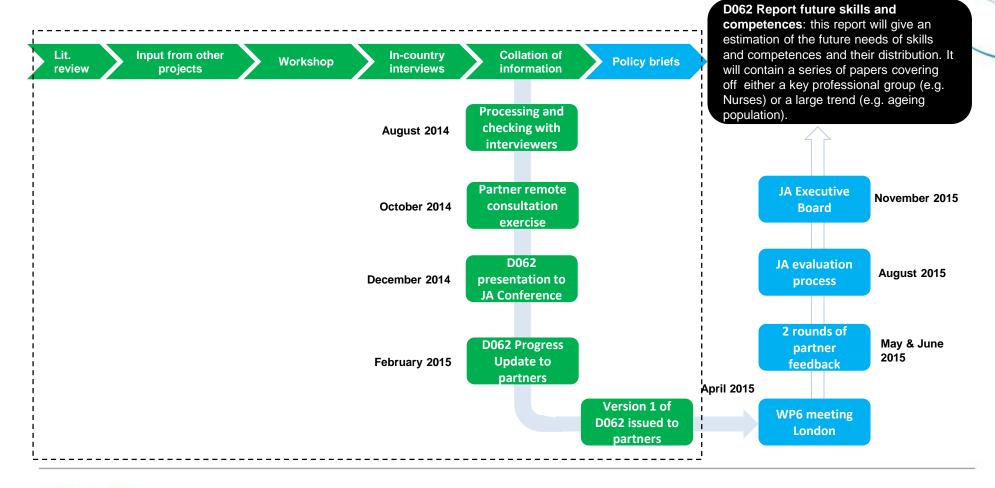


## D062 Progress so far

Matt Edwards, WP6 Leader John Fellows, WP6 Content Lead



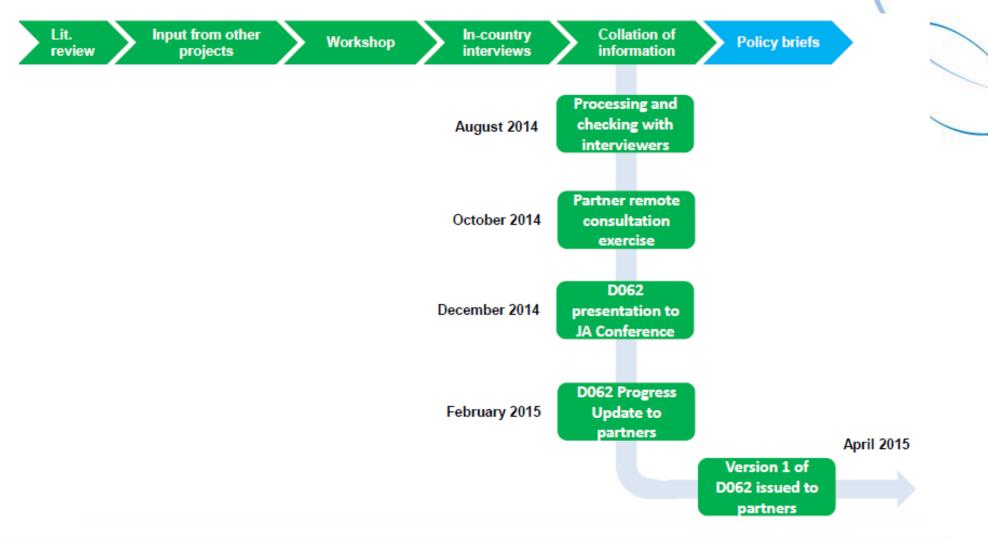
#### **Overall process**





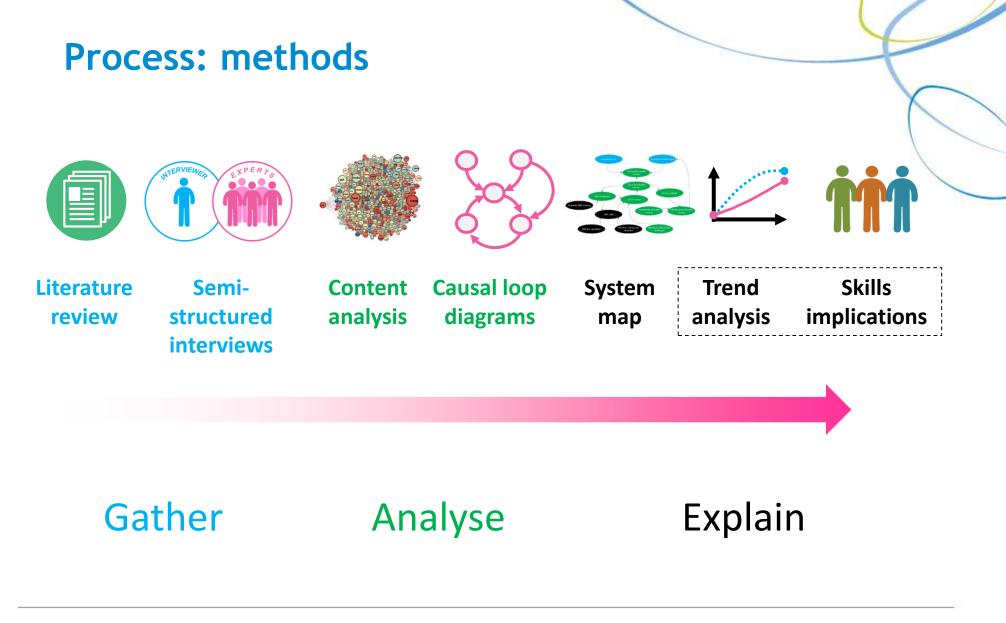


#### **Process to date**













#### Horizon scanning

- Horizon scanning allows us to consider the key driving forces that will influence the skills and competencies required in the health workforce in the European Union in 2035, and the workforce implications of these drivers
- It is a step in processing the complexity of the systems which affect health workforce planning

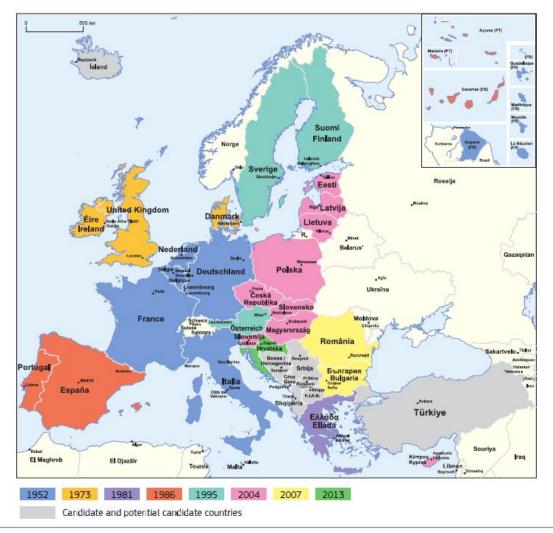
#### Workforce planning

 Health workforce planning describes the full range of options surrounding health workforce policy; such as changes to education, training, roles or regulation; which aims towards ensuring that the appropriate workforce is available to meet the health care needs of populations (Scott *et al*, 2011).





#### Workforce planning in Europe



- Largely a national competence
- When considering historical trends bounded to current EU members





#### Complexity

"Health systems in industrialized countries are highly complex institutional constructs that differ widely between countries. For classification purposes it is therefore necessary to reduce complexity by focussing on certain aspects of reality and neglecting others".

Böhm *et al*, 2013 'Five types of OECD healthcare systems: Empirical results of a deductive classification', *Health Policy*, 113(3).

### **Developing theory**

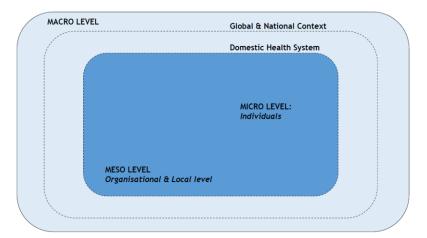
"... propositions of how different dimensions of a phenomena may be linked, which can be explored or considered in analysis... can be captured in the form of a conceptual framework."

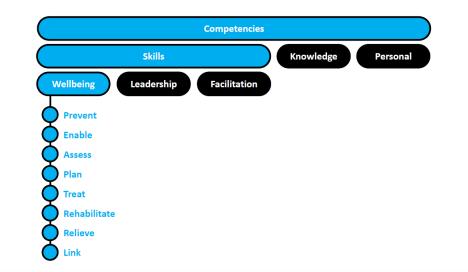
Gilson, 2012. Health policy and systems research: A methodology reader





#### **Frameworks**



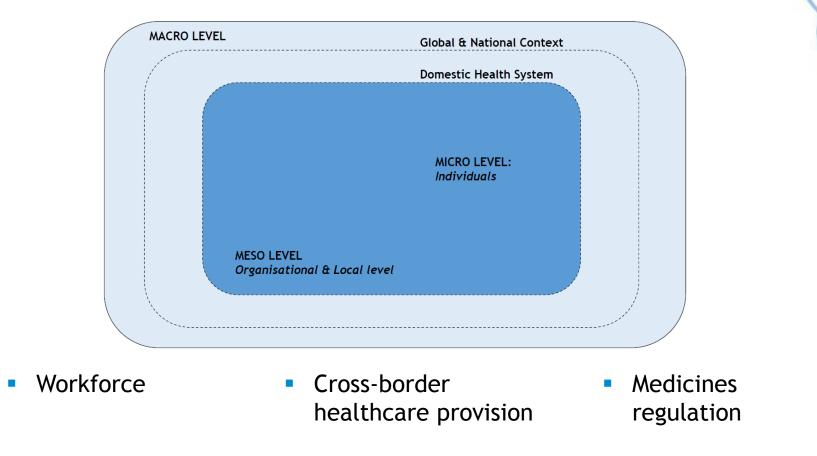


# Population Health services Health workforce





#### Macro level

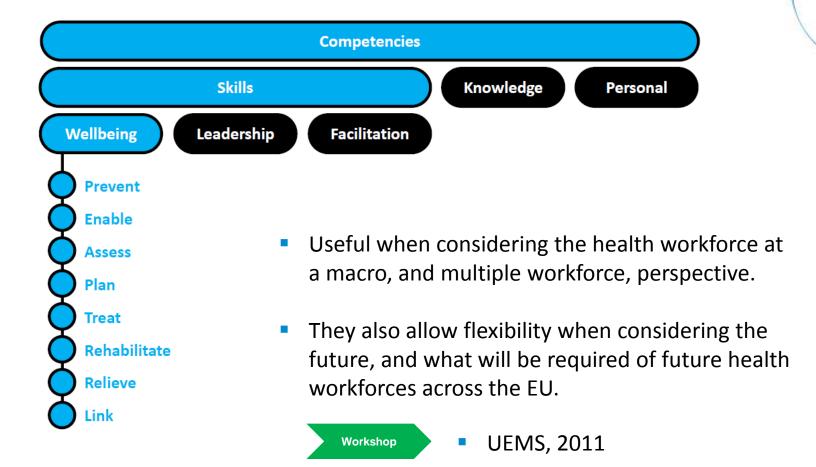


Important to consider different levels for the applicability of horizon scanning



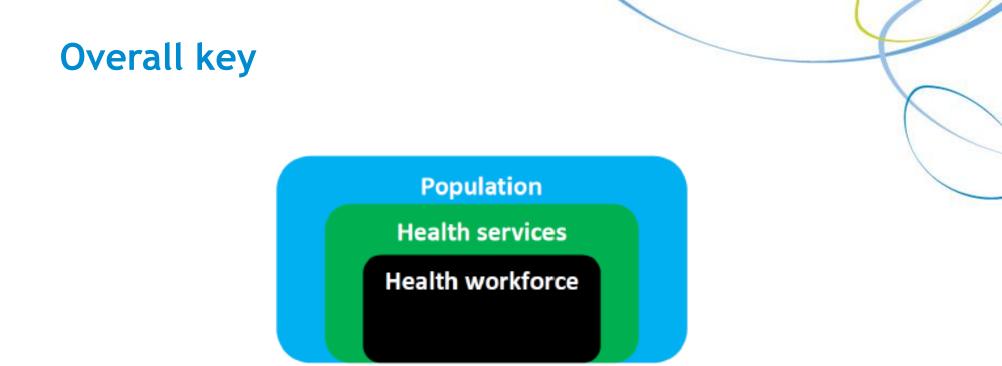


#### Skills and competencies





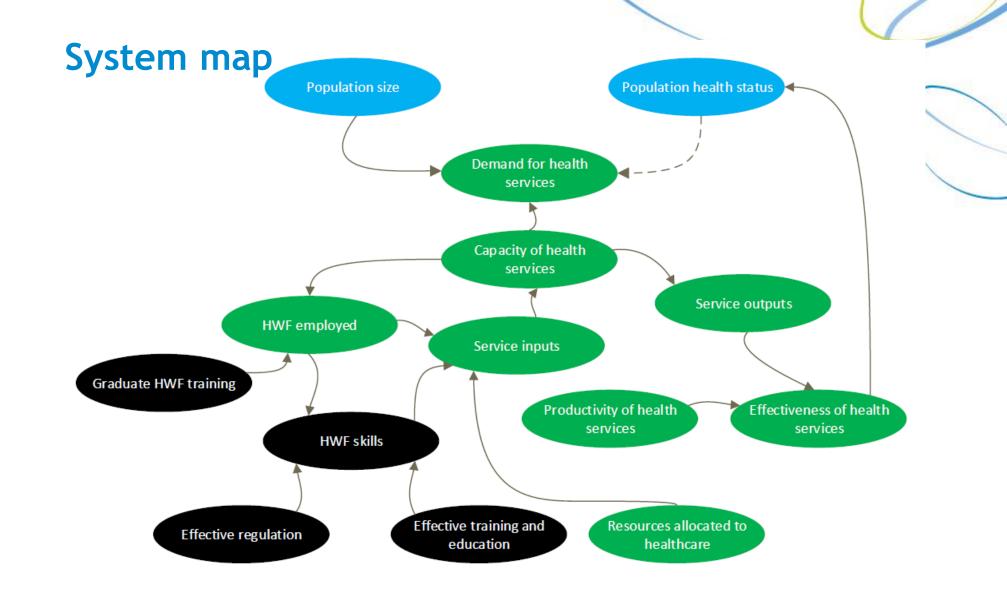




- Populations have health needs which are related to demand for health services
- Health services are supplied and produce a demand for health workforces
- Health workforces have a supply and demand based on factors within health services and populations, and they have an effect on population factors.









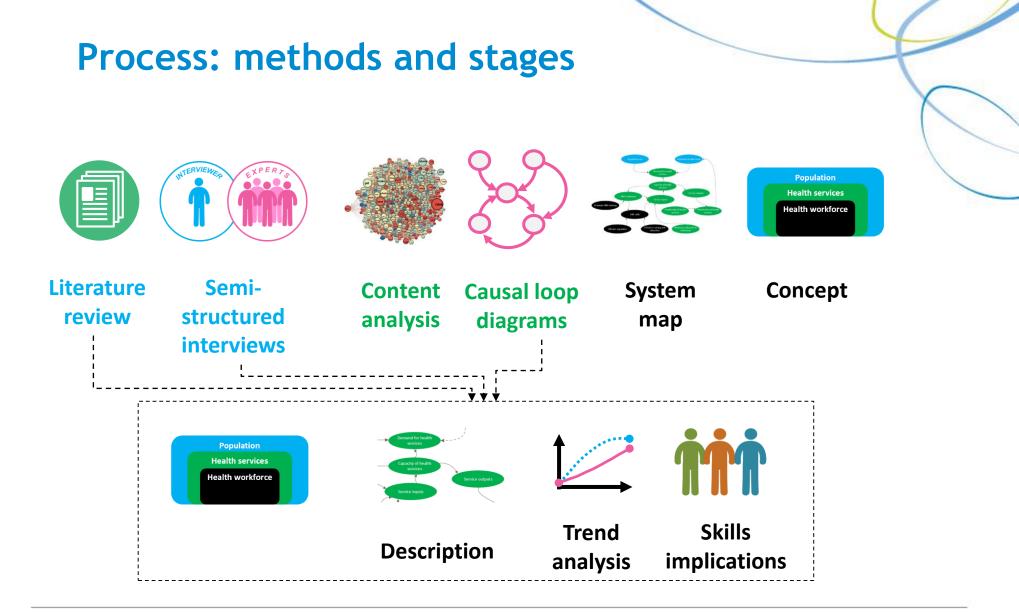


#### Horizon scanning

- Horizon scanning is an examination to allow for better preparedness.
- There may also be improvements to workforce planning and forecasting that can be made as a result of this type of investigation.
- '...demand is not the same as utilization which is not the same as need. Models currently use utilization which is a function of demand, supply and need' (Scott *et al*, 2011).











#### WP6 scanning network

"Horizon scanning involves both broad, unfocussed searches through a wide variety of sources - touring - and more focused research once topics of strategic interest are identified - retrieving. The former is beyond any one person to perform well; the latter requires at least one person with specialized or local expertise for in-depth analysis.

Thus while the "ownership" of the scanning project may be vested in one person, or a core team of two to three people, the actual process should engage a broad network - both to handle the high bandwidth of sources to be scanned, and to provide specific expertise when required."

Schultz, 2006 'The cultural contradictions of managing change: using horizon scanning in an evidence-based policy context'. *Foresight*, Vol.8, No.4, pp.3-12.





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#### **Discussion groups**

- You have been randomly allocated to a group.
- In these groups we'd like to gather your feedback on the sections of version 1 of D062.
- The moderator will guide the group through the topics of each section.
- There are no right or wrong answers.
- We're interested in both your individual feedback and your insight as a group.
- These sessions help us to engage a broad network to provide specific expertise and allow more focused research of the interview data and reports once topics of strategic interest are identified.
- They help increase the applicability of horizon scanning by understanding more about the system at different levels





#### Focus groups: Session 1

Group 1 -	Populations	Group 2 - H	ealth services
Pieter-Jan Miermans Marjukka Vallimies-	Reijo Ailasmaa	Miguel Lardennois	Matthew Hamilton
Patomaki	Kerstin Kittenberger	Zoltan Aszalos	David Somekh
Melanie Boeckmann	Silje Anine Bell	Anna Björg Aradóttir	Mervi Jokinen
Edmond Girasek	Dr Enrico Reginato	Victor Slenter	Judith Willert
Miloslava Kovacova	James Crewdson	Paolo Michelutti	Randi Moen Forfang
Sara Roda	Carsten Mohrhardt	Nina Bernot	Dora Kostadinova
Jeni Bremner	Michel Van Hoegaerden	Silvia Gomez	Leon Van Berkel
Patricia Munoz	John Fellows	Isabella Notarangelo	Matt Edwards
Sarada Das	Simon FitzGerald	Edwin Borman	Matt Lanyon
Baiju Khanchandani		Matthew Bennett	







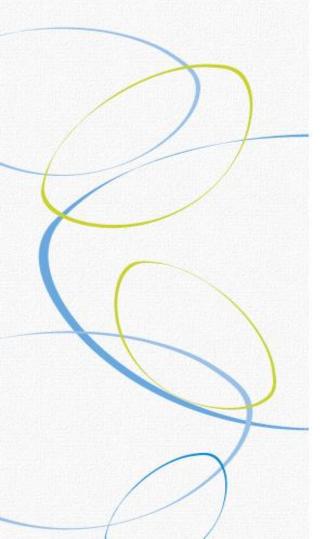


### **Coffee Break**

Reconvene at 11.30am







### **Discussion Session 1**

Matt Edwards, WP6 Leader John Fellows, WP6 Content Lead



#### Focus groups: Session 1

Group 1 -	· Populations	Group 2 - H	ealth services
Pieter-Jan Miermans Marjukka Vallimies-	Reijo Ailasmaa	Miguel Lardennois	Matthew Hamilton
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Patricia Munoz	John Fellows	Isabella Notarangelo	Matt Edwards
Sarada Das	Simon FitzGerald	Edwin Borman	Matt Lanyon
Baiju Khanchandani		Matthew Bennett	









### Lunch

Reconvene at 1.45pm







### **Discussion Session 2**

Matt Edwards, WP6 Leader John Fellows, WP6 Content Lead



#### Focus groups - Health workforces

G	Group 1		Group 2	
Miguel Lardennois	Baiju Khanchandani	Paolo Michelutti	Matthew Hamilton	
Pieter-Jan Miermans	Mervi Jokinen	Nina Bernot	David Somekh	
Marjukka Vallimies- Patomaki	Judith Willert	Silvia Gomez	Kerstin Kittenberger	
Melanie Boeckmann	Randi Moen Forfang	Jeni Bremner	Silje Anine Bell	
Edmond Girasek	James Crewdson	Isabella Notarangelo	Enrico Reginato	
Zoltan Aszalos	Carsten Mohrhardt	Patricia Munoz	Dora Kostadinova	
Anna Björg Aradóttir	Michel Van Hoegaerden	Sarada Das	Leon Van Berkel	
Victor Slenter	Matt Edwards	Edwin Borman	John Fellows	
Miloslava Kovacova	Matt Lanyon	Matthew Bennett	Simon FitzGerald	
Sara Roda		Reijo Ailasmaa		





### Workforce supply

Nursing and midwifery needs a different qualification profile. Academic competencies to be able to research and apply scientific medical information

Nursing as a scientific discipline, increased breadth of capability and decision making

Increased responsibility, mental and habitual self-confidence and resilience

Culturally sensitive nursing defined and designed into roles

Work life balance advisory and self awareness for workforce and populations Motivation and engagement of a very different population in the future

Mental health and new disease combinations

EWTD and the ability for health professionals to achieve the required amount of patient exposure and skills development

Greater emphasis on community care for a different demographic profile in the future and locations

Co-operation and integrated working with other professions, quantity of info, cooperation, units have to process, communicate and share information, across all different intensities of care

Leadership, workforce planning and flexibility

Task shifting that has positive outcome evidence to support it such as nurse prescribing













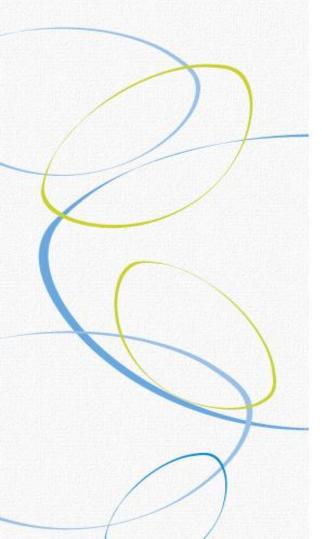


### **Coffee Break**

Reconvene at 3.30pm







### **Next Steps**

Matt Edwards, WP6 Leader John Fellows, WP6 Content Lead



#### Next steps

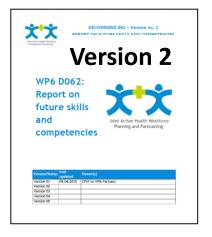
- Minutes and proceedings from today
- WP6 team will now process the valuable content from your moderated group discussions
- Story board and prepare the next version of the report and policy briefs for the upcoming review stages

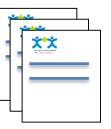




# Production of the report and policy briefs: timings

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WP6 Repo futur and comp	rt on e ski	Ils Joint Action Health Workforce Planning and Processing
Version/Status	Last	Owner(s)
Version 01		Owner(s) Crivit to WP6 Partners
Version 01 Version 02	updated	
Version 01 Version 02 Version 03	updated	
Version 01 Version 02	updated	



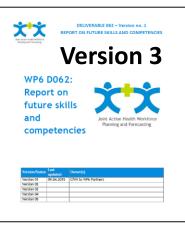


23 April 2015

Sent to WP6 partners Deadline for comments



22 May 2015





8 June 2015

19 June 2015









# Thank you and Close

Michel Van Hoegaerden, JA Programme Manager Matt Edwards, WP6 Leader

