Belgium - Use of Horizon Scanning and Delphi Method as part of a national review of the GP workforce

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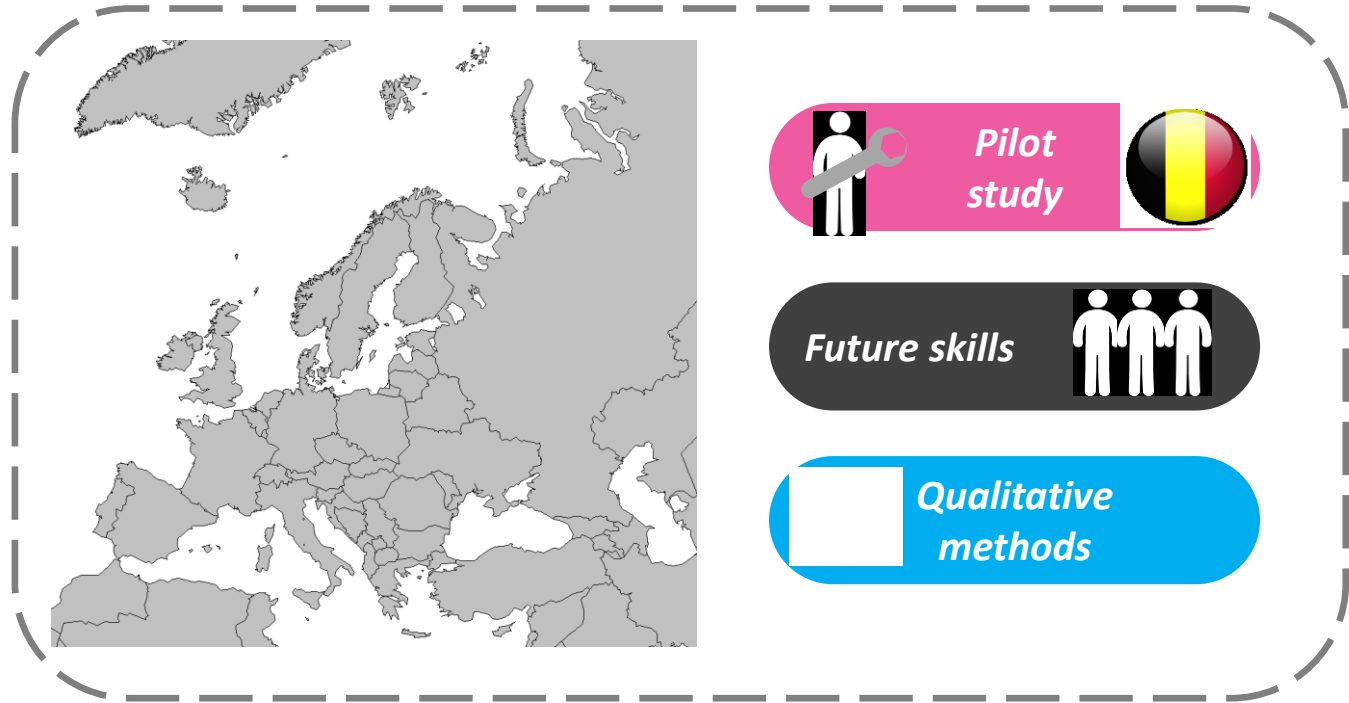
JA Closing Event
Mons, May 2016

A pilot study in Belgium

Horizon scanning and future orientated methods in workforce planning

Pilot study

Future skills

Qualitative methods

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Objectives of the pilot study in Belgium

- To incorporate relevant qualitative methodologies to develop specific parameters to feed the existing quantitative Belgian Health Workforce Planning Model (horizon scanning and Delphi method).

- The FPS Public Health hopes to determine if these methodologies can enrich the current qualitative consultation taking place in the framework of the Belgian medical workforce planning commission
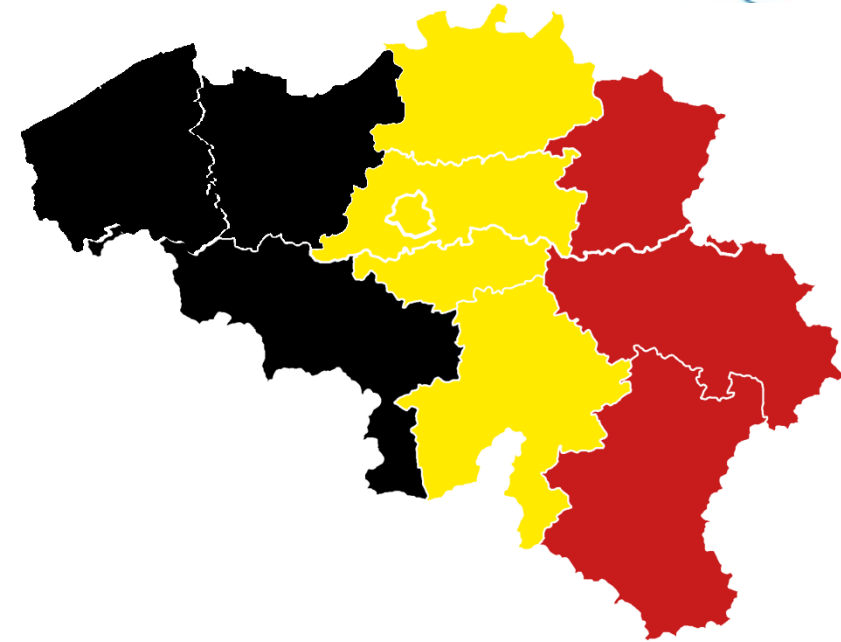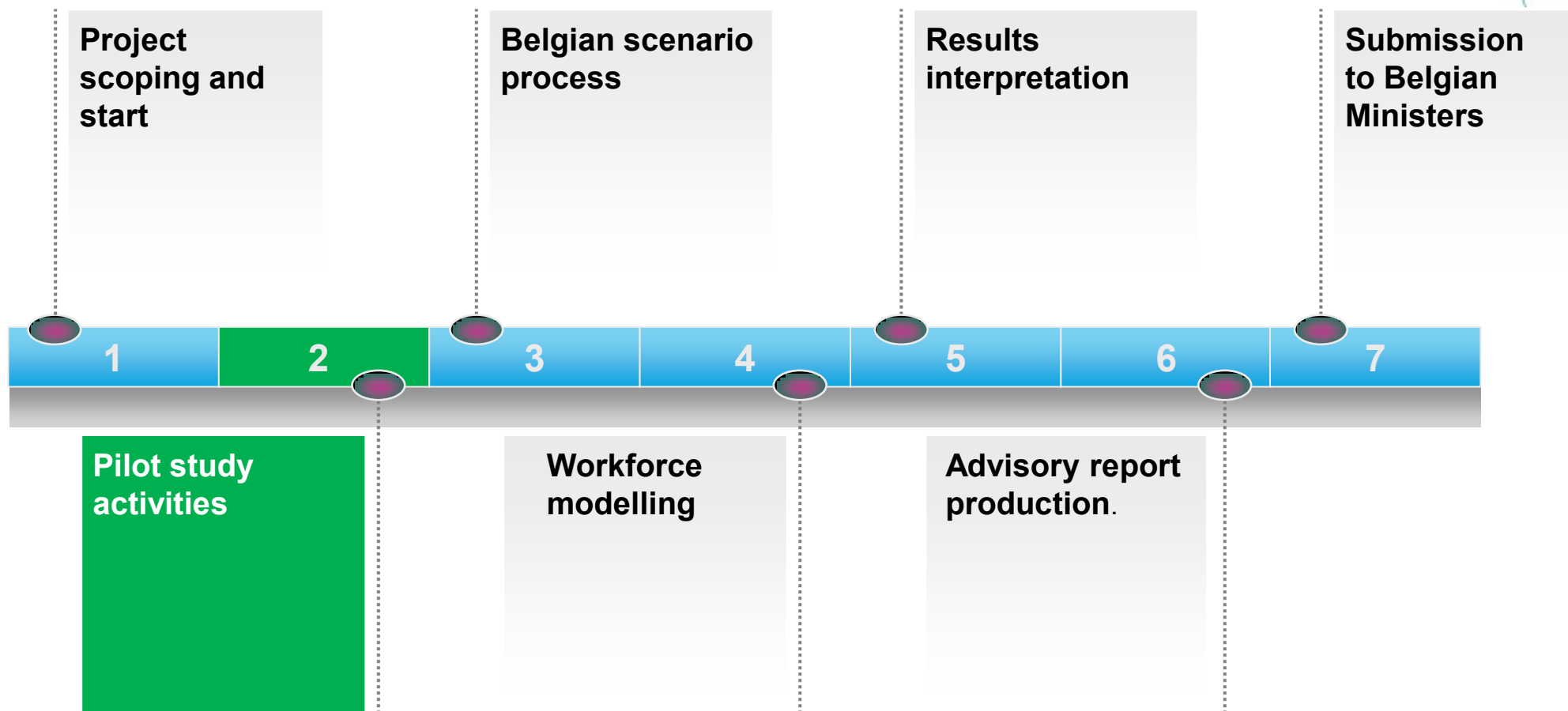
Why Belgium?

- The pilot provided an appropriate test of these methods being applied due to Belgium having a different type of health system and context to the UK. (Bismark – BE, Beveridge - UK)

- In addition, Belgium historically considered factors and quantified variables for modelling prior to engaging stakeholders or experts i.e. the opposite of the UK.

- The focus on GPs was also relevant across Europe as this workforce is considered to be in shortage in multiple countries alongside an overall desire within health systems towards delivering a greater amount of care in primary care settings (OECD, 2015).

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Joint working team

- To deliver the pilot study a joint working team of the following organisations as part of was established:

Overall review and the pilot

Project scoping and start

Belgian scenario process

Results interpretation

Submission to Belgian Ministers

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Pilot study activities

Workforce modelling

Advisory report production.

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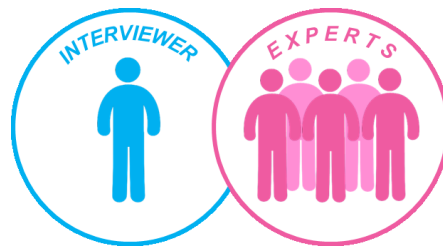the Health Programme
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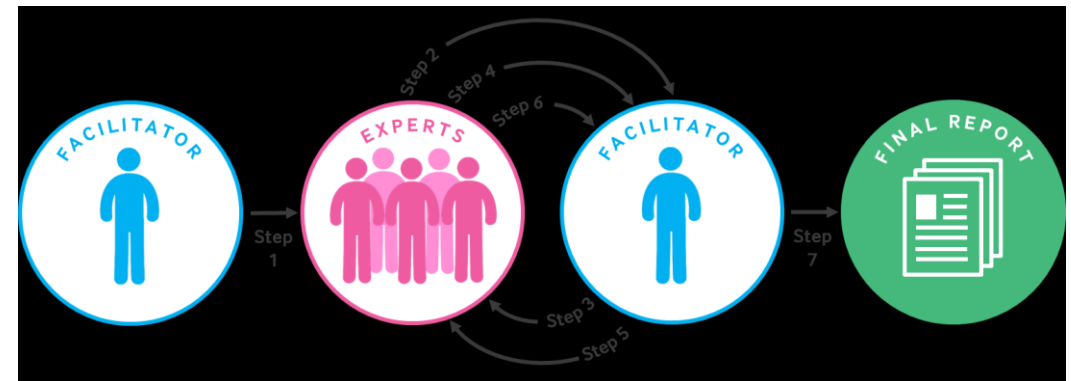
Approach of pilot study stages

Literature review


Horizon Scanning

Delphi method

Outputs: New intelligence and quantified variables for the Belgian workforce model. A pilot study report for the EU Joint Action

Literature review findings

TRENDs IN PATIENTS' HEALTH CARE NEEDS

Ageing population, increasing number of chronic conditions and multi-morbidity. Changing health care needs (more informal care, socio-cultural diversity, new technologies)
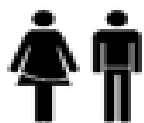
TRENDS IN HEALTH CARE PROFESSION

Increase in number of graduated GP students
Lower activity rate (feminization, work-life balance)
Large outflow of older male GPs for retirement
Large outflow of young GPs (burn-out)

C H A L L E N G E S

More and more complex health care needs in primary care

Low attractivity of GP as a health profession

Literature review findings

-----How to address these challenges-----

Patient empowerment: Shared-decision making + **Patient activation** measures

Interprofessional practices in primary care (task delegation, improve after-hours care organisation, cross-disciplinary electronically shared patient file, less home visits)

Stimulate **self-care** for minor ailments

Increase number and quality of GP **clerkships** and interprofessional clerkships

--Supported through the realization of---

RESHAPING THE FINANCING SYSTEM IN GENERAL PRACTICE	COORDINATION OF POLICIES WITH CLEAR GOAL (global strategy)= Quality in care

Financial support to facilitate GP (location, task delegation)

Reshape professional profiles in primary care

Combination of: lump sum per patient + P4Q + fee-for-performance

Stronger echelons (GP as gatekeeper)

Equal wages for GPs and specialists

Quality-driven <> goal-oriented

QUALITY

Horizon scanning

Focal question as used by Belgium for horizon scanning	"Thinking up to the year 2035, what are the key driving forces that will impact the general practitioner workforce in Belgium? (in terms of numbers and requirements)"

- The horizon scanning stage conducted 16 interviews made up of 8 Dutch and 8 French speaking respondents.

- Following the interviews a thematic data analysis was performed using the TEEPSE framework (Technological, Economic, Environmental, Political, Social and Ethical as developed by the CfWI).

- From this analysis 16 key factors were identified of high, medium and low impact.
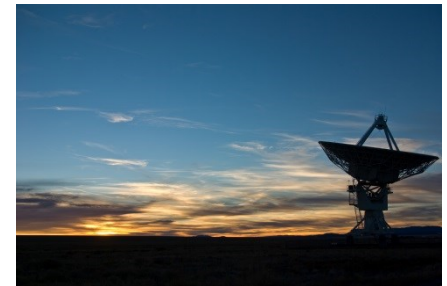
Horizon scanning results – factors identified

High impact factors identified	Medium impact factors identified
• A more capitation oriented payment for integrated care delivery (Economic) • Changes to more horizontally integrated services e.g. out of hours (Political) • Introduction of new professions and adaptation of the legal framework (Political) • Task shifting to more multidisciplinary group practices (Political) • Changes in health care needs (Social) • Decreasing activity rate in GPs (working hours + numbers) (Social) • Task definition of GPs and other health care providers (Social)	• Electronic sharing patient information (Technological) • Regional variation in GP distribution (Environmental) • Vertical integration the relationship between GP and specialist doctors (Political) • Distribution of GP students between the two language communities – French and Dutch speaking (Political) • Large outflow older GPs (Social)

These factors relate well to pan EU drivers as explored in 'Future skills and competences of the health workforce in Europe', Fellows and Edwards, 2016.

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Delphi method

- The Delphi stage aimed to select and quantify variables that would be influential within the modelling and scenario stages of the GP review in Belgium.

- There were 2 rounds of Delphi using excel based templates as provided by the CfWI / UK / WP6 team. These were adapted for reuse in Belgium by the joint working pilot study team.

- As a benchmark for the use of the Delphi method as part of workforce planning, this stage exceeded the minimum of 15 respondents as recommended for this type of workforce study (CfWI, 2014a).

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Delphi method

Delphi method questions regarding the GP workforce in Belgium to the French and Dutch language speaking communities	1. What is the expected **change in demand for GPs in the female / male population** between now and 2035? 2. How many hours does a **full time equivalent** consist of now, and how do you expect this to change in 2035? 3. What is the expected change in **activity rate** for female / male GPs between now and 2035? 4. What is the expected change in **distribution of task** for a GP between now and 2035?

28 experts were involved across 2 rounds of Delphi method

Delphi method results – Evolution in demand for GPs

Under 40 years old

- estimated to remain largely the same with some small change in the median for the French speaking

40 – 65 years old

- very limited or no increase for Dutch speaking experts (<5%) whereas it is significantly higher for the French speaking experts (12% male/13% female patients). The change is explained by preventive actions and upcoming chronic and mental conditions in this age group.

65- 80 years old

- The median change was estimated (+14% female/+ 17% male) for the Dutch speaking experts. For the French speaking experts it was +23 % for both sexes. These changes are explained by increasing multimorbidity.

Over 80 years old

- Overall, the median change was estimated up to 25%. Here experts stressed the increasing demand for home visits. The role of the geriatrician might influence these figures.

Evolution in demand for GPs, expressed in health care cost per capita for consultations, visits and advice in ambulatory practice

Delphi method results – Future activity rate of GPs

In both parts of the country, experts believe that there will be a **substantial expected reduction** in the number of working hours per Full Time Equivalent for GPs.

Expected change, expressed in hours	Dutch-speaking		French-speaking	
	Now	In 2035	Now	In 2035
Average	56	42	55	43
Maximum	60	48	70	50
Median	**56**	**43**	**54**	**42**
Minimum	46	35	50	40
CONSENSUS	64%	57%	78%	56%

Activity rate of GPs, expressed as the median activity rate of 45-54 year old GPs

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Benefits

- The horizon scanning stage:

  - Has collected, in a systematic and repeatable way for the first time, **a broad range of ideas** about the future and **how some of the driving forces may impact the GP workforce.**

  - This new information has **provided a deeper level of understanding** of these driving forces and **enhanced the robustness of the study.**

- Use of the Delphi method:

  - has built on horizon scanning further by **working with experts to quantify a range of variables that can be used with the Belgian workforce planning model**.

  - These have **improved scenario generation processes, the model inputs and the outputs that support decision making.**

Benefits

Expert engagement exceeded international benchmarks

- **A good range of experts were engaged and ideas collected** to better understand the landscape and pressures affecting the GP workforce.

- For horizon scanning, **16 respondents participated with 16 key factors identified.**

  - This **exceeded the benchmark** of a recommended 10 to 15 key factors to be identified.

- For the Delphi, **27 experts participated for the first round and 26 for the second round.**

  - This **exceeded the benchmark** of a minimum of 15 respondents.

Benefits

Improved understanding, useful linking to the modelling stages and adoption of the approaches

- The **literature review** stage was important and useful to support the subsequent stages.

- The **horizon scanning and Delphi methods were helpful to understand** the context and clarify the objectives of the work, modelling aims and additional considerations as part of the larger project.

- **Outputs from the work provide useful and valuable inputs** to the modelling and scenario processes.

- The Belgian team **have learnt and are able to use HS and Delphi as part of future reviews**. These new approaches will increase the overall robustness of workforce planning in Belgium.

- The methods and templates applied in Belgium and other member states **are shared via the WP6 section of the EU JA website**.

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Lessons learnt

Scoping, scheduling and planning

- Due to **time pressures** the horizon scanning and Delphi stage were commenced, planned and designed **without the full analysis results of from each stage**. This created difficulties in ensuring that the conclusions and findings from each stage firmly guided the next stage.

- The agreed **focus of the analysis might have been more clearly defined** at the start of the project especially as there were disparate and remotely located teams performing the work.

- The **overall time estimated for all stages of the work was underestimated** at the planning stage for the more complex delivery arrangement which created additional time delays, communication and definition challenges between the increased number of organisations and stakeholders. Overall the literature review, horizon scanning and Delphi stages took a total of 6 months elapsed time which included the delays experienced.

Lessons learnt

## Use of the methods, numbers of respondents and guidance

- The **numbers of respondents** for horizon scanning and the Delphi stages, despite exceeding benchmarks, would ideally have been higher so that FPS Belgium could further broaden representation. Also stakeholders ideally would have liked more time to participate and respond.

- For the Delphi template whilst there was a good amount of guidance provided, however **some respondents wished to have additional guidance and instructions**. This might require in the future additional briefing for the respondents that will take part in Delphi exercises.

- However it was recognised that **each participant gained skills and awareness** of the methods in which they took part, therefore for future reviews those persons would be more familiar with the processes and able to participate more easily.

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Lessons learnt

Content and ability to conduct further research

- The **literature review time period**, which looked back over the last 10 years, was felt to be too short. Also the scope would ideally have been broadened to include international evidence as well as domestic literature.

- The horizon scanning **identified a range of topics** which would have been good to **explore further** if there was more time in the overall project e.g. impact of technology. This additional depth might have yielded further insights and research areas.

- The **range of variables** from the Delphi whilst useful for the model in Belgium, were **constrained by the model overall** i.e. what the present design of the model permits in terms of inputs and outputs. Essentially the present design of any workforce model presents a number of constraints that might be improved by more flexible model configurations enabled by greater knowledge and data.

Recommendations for those wishing to use horizon scanning and the Delphi method in the future
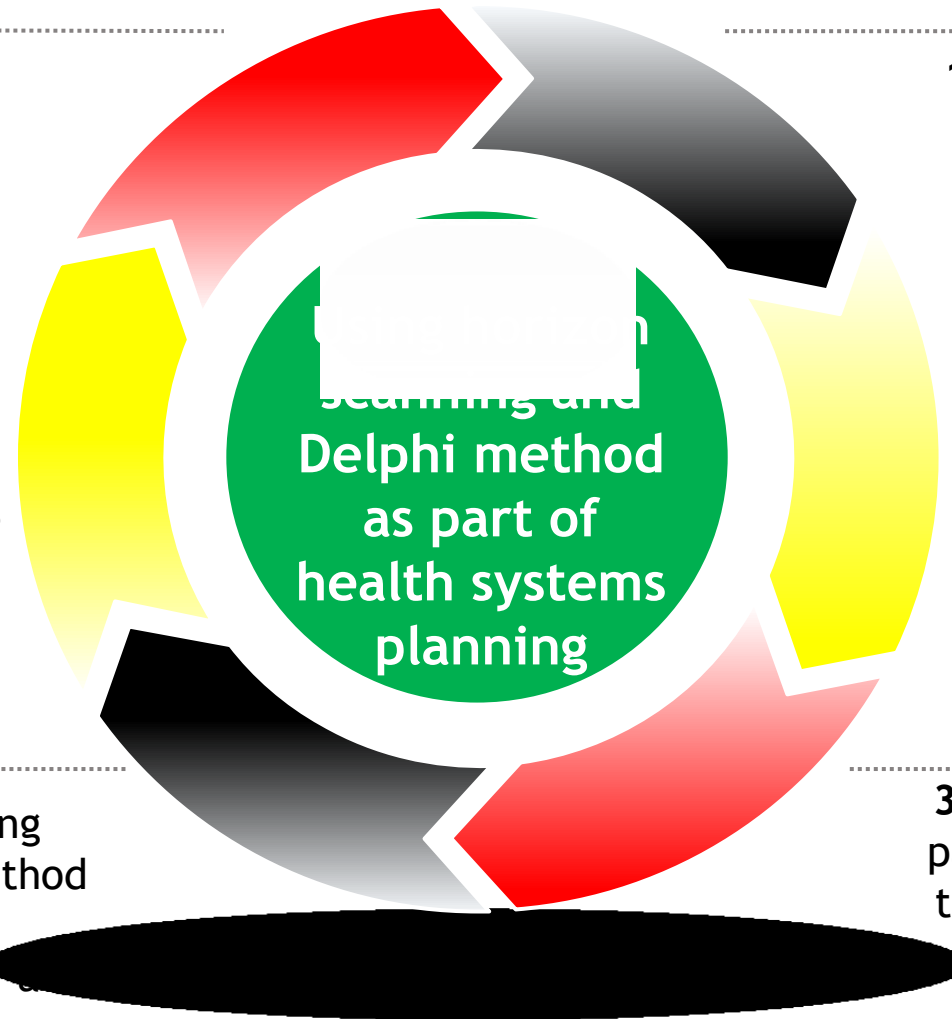
6. Ensure the overall planning, timing and budget of the work is realistic. Learn from others who have used these methods as part of workforce reviews.

5. Ensure stakeholders are involved in every stage of the workforce review including modelling and variable validation (CfWI, 2015)

4. Ensure that the persons using horizon scanning or Delphi method have or **access some proven experience and expertise** (or to people that do) in workforce planning.

Horizon scanning and Delphi method as part of health systems planning

1. Set goals and objectives of the workforce review to be completed. What is the priority? What time frame or depth will the review go to?

2. Understand the context of the system to be investigated ensuring the that appropriare methods are selected for workforce planning (Fellows and Edwards, 2014).

3. Use the selected techniques as part of an overall approach. Ensure that horizon scanning and Delphi is strongly linked to all stages.

Summary

- Overall the approaches of horizon scanning and Delphi method **have added value** to the General Practitioner (GP) review in Belgium with **new areas of information and data revealed.**

- These methods **will be integrated into the overall approach by Belgium for the future** and the **findings go forward into the advice and recommendations to ministers** regarding the GP workforce in Belgium.

- The team at the Planning Unit commented:

"Anyone can apply these methods with the right support and obtain new useful outputs for workforce planning. We will use these methods again as we have integrated them into our formal workforce planning process".

Thank you

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