

THE NHS Plan focuses on four key human resource themes: to ensure the NHS is a model employer; that it provides a model career through a skills escalator; to improve staff morale, and to build people management skills.

Targets have been set to increase workforce numbers and productivity, optimise flexible ways of working, develop workforce plans and to make the NHS a high quality employer with attention to life-long learning. These are sound models for the drugs field to adopt. But drug services in many areas already have difficulty attracting staff and keeping them. Increased regional cost of living differences, increased job choice, tight labour markets and demands for more service capacity all play a part in limiting the supply of skilled staff.

SHORTAGES

Within the NHS, there is already a shortage of doctors and nurses and other professional groups allied to medicine. The Royal College of Psychiatrists has already warned of the 'intolerable stress' that its members are working under, and the vacancy rate for consultants within sub-specialities such as substance misuse is worryingly high.

So given the scenario that we do not have enough workers, the European working time directives will restrict the number of hours worked, new medical contracts are being negotiated, NHS pay scales and conditions of service are being reformed, and efforts are being made to improve working lives – it's tempting to believe that the conditions are ripe for doing things differently.

But 'workforce' means 'people' and people can be difficult to change, particularly in the NHS, which is currently plagued by a climate of suspicion of government motives and management action. For example, powerful vested interests are at work to ensure that there is no fast move to immediately change the workforce position for doctors.

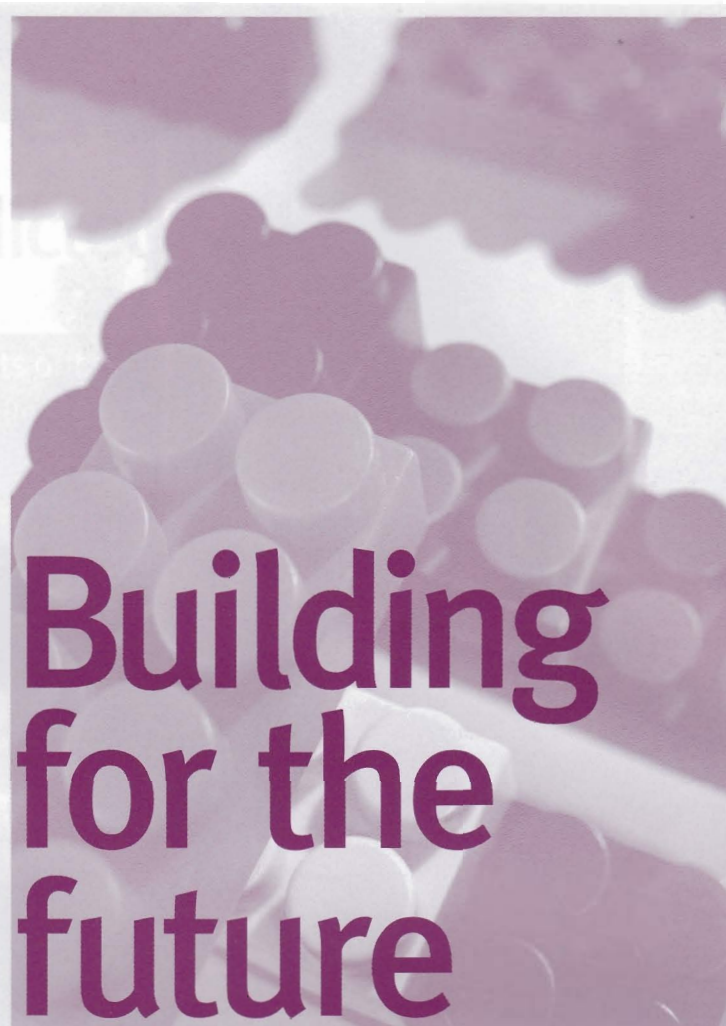
One proposal to establish specialist or junior consultant grades was interpreted by the Royal College of Psychiatrists as "a covert and exploitative way of reducing medical salaries". Although welcoming the emphasis on multi-professional training and education and the increased potential role of nurses and other health care staff in carrying out some "non acute therapeutic work", doctors voiced concerns that "the emphasis on skill mix can result in a reduction of clinical standards".

INNOVATE

But notwithstanding genuine concerns in the medical mainstream, the drugs field will have to embrace many of the innovations under investigation for NHS workforce modernisation.

National workforce capacity planning is being taken forward by Strategic Health Authorities and Workforce Development Confederations (WDCs). These bodies are now charged with the task of increasing GP and consultant appointments. This is being tackled on a number of fronts, including speeding up advertisements and approval processes, deferring retirement and flexible return to work, and utilising overseas recruitment.

It is also apparent that there is a need for improved clarity, as well as changes in job design and work patterns, within health care organisations. New



creating a dynamic workforce

Concerns about capacity building within drug services mirror those across the whole NHS. But, argues **Peter Mason**, the reality of recruitment difficulties opens the way for more creative thinking

contracts which are results-based with clear job plans will go a long way to ensure that staff deliver what they are contracted to deliver. Job plans for consultants will take the form of a weekly timetable and document the sessional breakdown of work, services provided by the Trust, management structure and management and leadership arrangements of the multi-disciplinary team. In addition, consultant reviews and peer audit will be required at the trust level for medical management.

FLEXIBILITY

The new NHS pay system will allow greater flexibility to reward staff and teams and enable employers to design new jobs which dissolve traditional barriers.

Peter Mason is chief executive of the Centre for Public Innovation

“
The time is ripe for a wider debate about workforce issues in drug treatment
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Groundbreaking work is already being done to modernise the workforce by dissecting jobs and work processes to find new ways of working smarter. In acute care hospitals, medical support assistants have freed hours for busy doctors by taking over administration tasks. A nurse-led GP pilot has employed salaried GPs and even attracted a physician's assistant from America to work under supervision of the GP. Overseas workers are now employed and this is one area that should be explored in the drug field.

Estimates from WDCs on the acute care sector suggest that switching work from consultants to nurses and other health care staff could increase consultant productivity by 1.5% per annum and a further 2% by improved administration by 2005. Transfer of work from other grades, from Senior House Officers and Specialist Registrars to senior nurses, could yield between 10–15% of what hospital doctors currently do. Up to 7% of GP work could be taken on by nurse practitioners and other support staff and 4% of nursing work shifted to health care assistants.

NEW CULTURE

Out-sourcing services from mental health trusts is also being considered as a way to unlock public sector ways of working. In this model a private, non-profit making, voluntary sector group or primary care organisation would take over the whole NHS drug and alcohol service. Rather than trying to change the internal processes, the out-sourcer intervenes to create a new culture, vision and value for the workforce

outside the existing cultural constraints. Out-sourced service providers offer management capability and experience and can break down structural and cultural resistance. Out-sourcing NHS substance misuse services may be an interesting discussion in the context of the reforms. Alternatively some Trusts might explore Foundation Trust status, an option now being mooted for mental health services.

NURSE PRESCRIBING

Skills mix and working differently will be the key driver to meet the workforce demands. In the drug field we need imaginative new pilots that explore role and re-design, and to look at ways of using nurses and other addiction specialists more effectively. It is now time to start the debate about building-in adequate supervision and safeguards to enable nurse consultants to be responsible for the prescribing of substitute medication for drug users and to manage the care of people with drug and alcohol problems. The limits of nurse prescribing have not yet been fully explored in the substance misuse field.

Other key areas to be addressed include more emphasis on employment of people who are drug users and the embracing of diversity at all levels. This approach would benefit the community and provide employment opportunities to socially excluded people.

The time is ripe for a wider debate about workforce issues in drug treatment and to ensure that NHS workforce issues in the substance misuse field are taken seriously by commissioners, providers and professional bodies. ■

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