



Skills for Health – working paper series

The Healthcare Support Workforce

A case for ongoing development and investment

# Contents

1. Introduction - support workers in health care .....	3
2. The UK's support workforce: main characteristics and occupations.....	4
3. Current levels of qualifications and instances of training amongst support workers .....	8
<i>Qualification levels of the support workforce.....</i>	<i>8</i>
<i>Overall comparison of instances of training experienced by the support workforce.....</i>	<i>9</i>
<i>Comparisons of occupational groups and training.....</i>	<i>10</i>
<i>Administrative and secretarial support worker occupations.....</i>	<i>11</i>
4. The development of support workers in the UK's health sector.....	13
<i>Recent trends in the development of support workers.....</i>	<i>13</i>
<i>Developing support workers – an economic case.....</i>	<i>14</i>
<i>Developing the support worker role – local economic and quality cases to improve services .....</i>	<i>16</i>
<i>Local drivers .....</i>	<i>16</i>
<i>Four important areas of impact that resulted in the development of support workers .....</i>	<i>17</i>
<i>East Cheshire Wellbeing Coordinator Role.....</i>	<i>17</i>
<i>Velindre Cancer Care.....</i>	<i>18</i>
<i>Birmingham NHS Nail Carer .....</i>	<i>20</i>
5. Concluding remarks - the development of support workers in the health sector .....	21

## List of tables

<b>Table 1: Support worker occupations by UK country.....</b>	<b>5</b>
<b>Table 2: Comparisons of the extent to which occupational groups have received job related training and development in the past 13 weeks .....</b>	<b>10</b>
<b>Table 3: Comparison of qualification levels held by administrative and secretarial occupations in the health sector compared to whole economy .....</b>	<b>12</b>

## List of charts

<b>Chart 1: Qualifications held by the support workforce.....</b>	<b>9</b>
<b>Chart 2: Comparison of levels of training received by support and non-support workers in the health sector .....</b>	<b>10</b>

## 1. Introduction - support workers in health care

Since the Cavendish review in 2013, interest in the role of Health Care Assistants and support workers working in the Health care sector has grown. The review was triggered by the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust, and reports of failings in other hospitals and care homes. It made a series of recommendations, including the development of a Certificate of Fundamental Care, and the need to develop a rigorous system of quality assurance for training.

In time, the interest in the role and development of support workers may subside as the media, politicians and public return to their routine focus on the more recognised occupations of doctors, midwives, general practitioners and, of course, dentists, pharmacists and opticians. The aim of this paper is to continue to develop our understanding of support workers in the UK's health sector, why there is a strong economic case for their development and greater utilisation and to stimulate debate.

This report highlights the broad range of roles that support workers are involved in helping clinicians undertake their jobs effectively and being an integral part of the clinical team. We explore the characteristics of those roles that are both directly assisting clinicians, such as health care support workers and assistant practitioners, and draw attention to those working in wider support roles, such as managers, administrators, IT support and maintenance staff. Both clinical support workers and the wider support workforce have a significant day to day role in delivery of health care services and therefore have contribution to make in improving such services.

Establishing a broad understanding of these roles and their characteristics is important. Better utilisation of skills and expertise in all areas of the health sector will help employers achieve higher quality care and greater efficiency. This paper therefore begins to explore the age, gender, qualifications, training and development profile of the support workforce. A better understanding of these characteristics will help leaders to better plan and manage what is sometimes significant change in the sector. And engage more effectively with the workforce.

Following this, we explore the extent to which better utilisation of support workers can contribute to greater efficiency and reduction in costs. Patient care is at the heart of activities in the health sector, improving efficiency remains an imperative for providers that are experiencing constant downward pressure on their budgets. We make use of NHS pay and workforce data to 'model' what the savings might be if the sector were able to collectively make skills mix reviews work and shape their workforce accordingly, with support workers undertaking tasks that do not necessarily require a registered worker. Such broad estimates of possible savings serve to illustrate the potential large-scale efficiencies that might be achievable.

While a focus on the economic benefit is important, as a sole focus it can lead one to overlook how the introduction of new support worker roles might help to improve the quality of services and processes, and contribute to reducing length of stay in hospitals, the number of GP visits and so on. We therefore highlight a number of practical instances where employers have developed support roles to improve the quality and efficiency of health care delivery. Where possible, these are accompanied by estimates of the savings that have been made as a result.

More detail about how these changes were achieved, through skills mix reviews and role redesign will be covered in a future paper in this series.

## 2. The UK's support workforce: main characteristics and occupations

This section:

- Sizes the support workforce in the UK's health sector
- Provides a breakdown of the major roles in the support workforce
- Outlines the main characteristics of the workforce, such as age and gender

The health sector employs just over 2.1 million people throughout the UK. This includes people working in public, private and third sector employment. The majority of those working in the health service do so in professional roles, with doctors and nurses numbering 1.3 million. A significant proportion - almost 40% (798,600) - are in roles that support these professionals, undertaking diagnosis for patients and helping to deliver the care believed to be necessary for patient wellbeing.

The support workforce is diverse and comprised of a range of different occupations. Clinical support roles, such as health care assistants and assistant practitioners, as well as technical roles such as radiography assistants and those in the para sciences, often provide direct care to patients under the guidance and supervision of clinical staff. These roles make up around 17% of the total sector workforce. Much of the literature to date has concentrated on the contribution that these workers have and might have in the future for the development of the UK's health sector.

However, there are a large number of people employed in a broader range of non-clinical support occupations whose roles are critical to the success of the UK's health sector and who assist in the efficient and effective delivery of health care provision. These include:

- Secretarial and administrative occupations, which make up around 13% of the sector workforce and just over a third of the support workforce. These roles enable clinicians to deliver high quality care. They are essential in assisting with appointments and ensuring that the patient experience is positive. Used effectively, they can also relieve some of the administrative burden on clinicians and even clinically-based support workers. Indeed, dissatisfaction arising from the administrative element of their experience is one of the key causes of complaints from patients.
- Cleaning occupations represent the third largest group of support workers. Their contribution is key to the development of a healthy, clean and safe environment for clinical care. Obviously, clinicians themselves have responsibilities to ensure their practices are safe and minimise the opportunities for infection. However, clean and comfortable environments contribute to overall patient satisfaction, as well as reducing the chances of infection.
- Kitchen and catering occupations make up an estimated 1% of the workforce. One of the key aspects of recovery and ongoing health is the quality of diet. Every so often, food in the health sector is given a celebrity revamp with menus created by famous chefs. However, there remains a core group of workers seeking to prepare high quality and nutritious meals for patients on an ongoing basis.
- Maintenance workers number 15,000 and are the fifth largest group of support workers in the sector. They keep the lights and heating on, and maintain the integrity of buildings.
- Porters follow closely, with almost 13,000 performing an essential role in maintaining the smooth running of a hospital. They have a major impact on patient care and efficiency, transferring patients to and from various

locations, such as from the ward to the x-ray department. They are also renowned for offering emotional support to patients during stressful times.

**Table 1: Support worker occupations by UK country**

Support occupations*	England		Scotland		Northern Ireland		Wales		UK	
<b>Clinical support</b>	311,549	17%	33,282	17%	14,004	21%	19,739	18%	378,574	17%
<b>Cleaners/cleaning</b>	38,084	2%	6,240	3%	4,500	7%	4,650	4%	53,473	2%
<b>Secretarial/administrative /telephonist/call centre</b>	245,275	14%	21,294	11%	6,282	9%	17,536	16%	290,387	13%
<b>Maintenance and works/ process plant and machine</b>	12,560	1%	1,444	1%	222	0%	1,714	2%	15,940	1%
<b>Kitchen/catering</b>	20,044	1%	2,635	1%	1,931	3%	1,121	1%	25,731	1%
<b>Drivers</b>	3,468	0%	0	0%	191	0%	608	1%	4,267	0%
<b>Security and parking</b>	1,811	0%	334	0%	3,956	6%	0	0%	6,100	0%
<b>Other elementary occupations</b>	5,469	0%	288	0%	147	0%	580	1%	6,484	0%
<b>Porters</b>	10,235	1%	921	0%	1,248	2%	562	1%	12,966	1%
<b>Sales and customer service</b>	4,624	0%	94	0%	0	0%	0	0%	4,718	0%
<b>Total support workforce as a percentage of health sector workforce</b>	653,118	36%	66,530	34%	32,480	49%	46,511	42%	798,639	37%
<b>Total health sector workforce</b>	1,789,586		198,368		66,797		110,292		2,165,043	

Source: Labour Force Survey, 2014, ONS

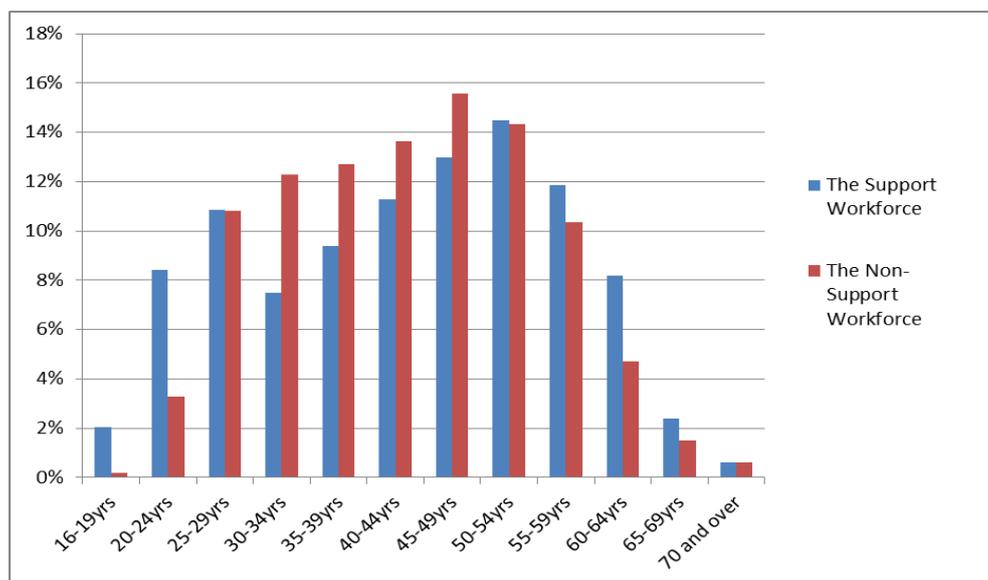
\*excludes management and senior official occupations

## The age profile of the support workforce

The age profile of the support workforce is fascinating as it contrasts with the pattern seen for the clinical workforce. There are twice the number of people aged between 20-24 in support roles than in clinical roles (8% compared with 3%), largely due to the latter having to undergo long-term training. Many will just be entering the workforce in their early twenties.

In the 25-29 age bracket, the number of those in support and non-support worker roles is almost equal. In the 30-34 age range, there is a dramatic drop in the proportion of those in support worker roles and an increase in those in non-support roles. Support workers begin to take the lead again in terms of proportion of the workforce in the 60-64 year old category. There are a number of plausible explanations for this, including the fact that those in better paid, professional occupations may be more likely to be able to retire earlier. In addition, some support work roles offer a suitable 'sunset' career for those over 60.

**Chart 1: Age profile of the support workforce compared to non-support workforce in the UK's health sector**



Source: Labour Force Survey, 2014, ONS

### The gender profile of the support work force

The health sector is a feminised one, where the vast majority of employees are women (78%). However, the prevalence of women in support worker roles is a whole seven percentage points higher (82%) than in non-supporting roles (75%).

**Table 2: Gender profile of the support workforce**

		Gender		Total
		Male	Female	
England	Support workforce	18%	82%	100%
	Non-support workforce	26%	74%	100%
	Total workforce	23%	77%	100%
Wales	Support workforce	19%	81%	100%
	Non-support workforce	23%	77%	100%
	Total workforce	21%	79%	100%
Scotland	Support workforce	15%	85%	100%
	Non-support workforce	19%	81%	100%
	Total workforce	17%	83%	100%
Northern Ireland	Support workforce	22%	78%	100%
	Non-support workforce	23%	77%	100%
	Total workforce	23%	77%	100%

UK	Support workforce	18%	82%	100%
	Non-support workforce	25%	75%	100%
	Total workforce	22%	78%	100%

Source: Labour Force Survey, 2014, ONS

### The working profile of the support workforce

Support workers are more likely to be in part-time positions. Throughout the UK, around 42% of support workers are working part-time as opposed to 29% of non-support workers. There is some variation between countries within the union, with Northern Ireland having a larger full-time cohort of support workers than anywhere else in the UK at 64%.

The full- and part-time composition of the workforce is an important factor. It will affect the nature of engagement that support workers might be able to have with learning and development opportunities, as well as with their employers. Such a large proportion of part-time working reflects the feminised nature of this part of the workforce, with women likely to be managing domestic responsibilities as well as working.

**Table: 3 Full-time and part-time working amongst support workers and non-support workers across the UK health sector**

		Full-time	Part-time
<b>England</b>	Support workforce	58%	42%
	Non-Support workforce	71%	29%
	Total workforce	66%	34%
<b>Wales</b>	Support workforce	57%	43%
	Non-Support workforce	74%	26%
	Total workforce	67%	33%
<b>Scotland</b>	Support workforce	56%	44%
	Non-Support workforce	75%	25%
	Total workforce	69%	31%
<b>Northern Ireland</b>	Support workforce	64%	36%
	Non-Support workforce	67%	33%
	Total workforce	66%	34%
<b>UK</b>	Support workforce	58%	42%
	Non-Support workforce	71%	29%
	Total workforce	66%	34%

Source: Labour Force Survey, 2014, ONS

This analysis shows that the support workforce in the UK's health sector has particular qualities that need to be taken into account when employers are seeking to develop their skills, knowledge and understanding. There is a range of important factors to consider, including the large part-time nature of their employment as well as gender and age profiles.

### **3. Current levels of qualifications and instances of training amongst support workers**

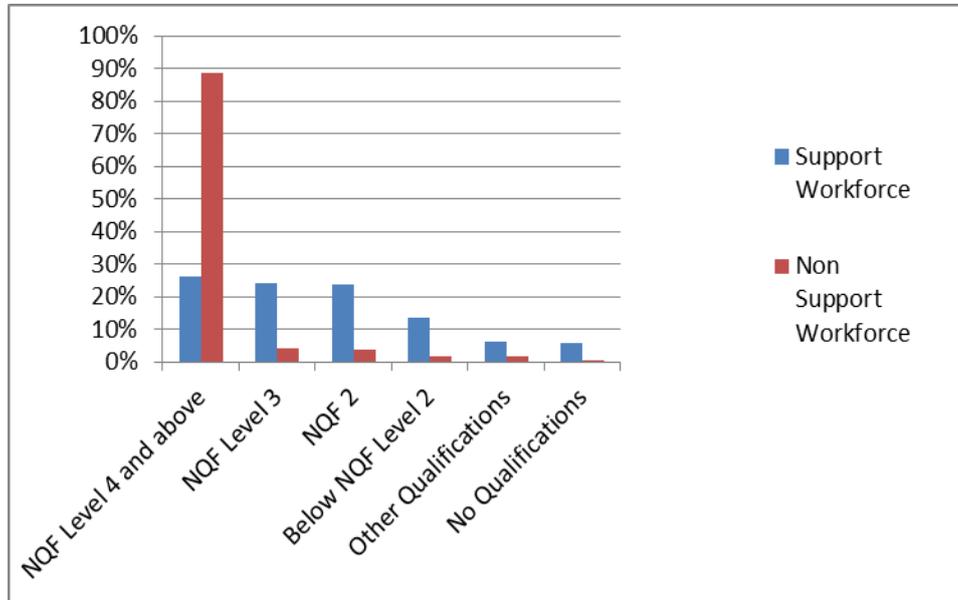
This section explores how support workers in the sector have been developed. It highlights:

- Qualification levels
- Instances of training
- Comparisons of training and development overall
- Details of training and development for administrative and secretarial functions

#### **Qualification levels of the support workforce**

As expected, the level of qualifications held by those in support roles is lower than that held by those in clinical roles. By and large, clinical roles require the holder to possess qualifications over and above level 4 of the National Qualifications Framework. Whilst almost 90% of the clinical workforce are qualified at level 4 or above, over a quarter of the support workforce also meet this standard. The relatively high number of support workers qualified at level 4 and above signals that there is capacity for these workers to undertake complex activities.

**Chart 1: Qualifications held by the support workforce**

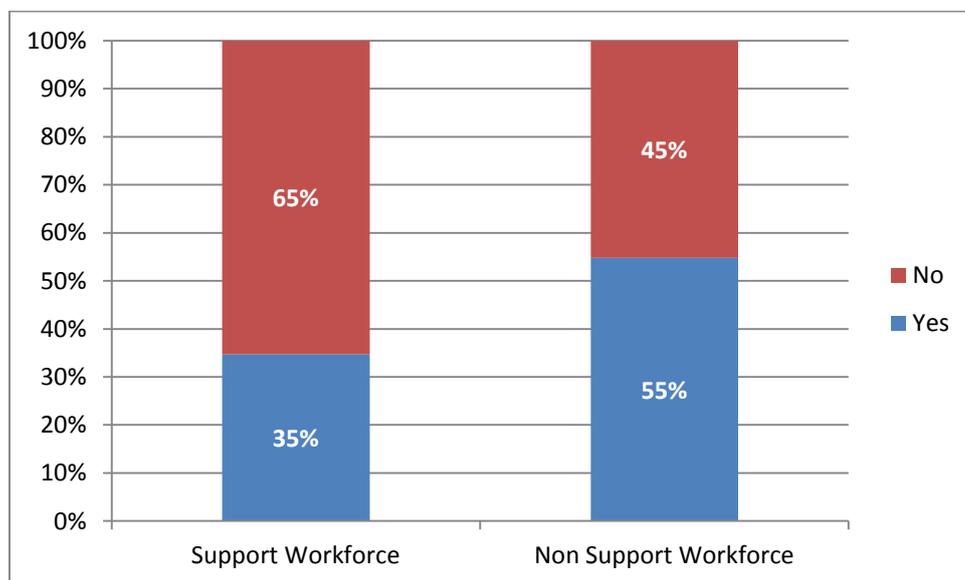


Source: Labour Force Survey, 2014, ONS

### **Overall comparison of instances of training experienced by the support workforce**

Another broad indicator of the development of the support workforce is the extent to which they receive training opportunities. As expected, those working in higher status, registered occupations received a higher level of training over the past 13 weeks than those in support occupations. A proportion of the 20% disparity might be down to the level of statutory and mandatory training which all registered staff might need to undertake. However, the figures still illustrate that more could be done to increase the level of training for support workers.

**Chart 2: Comparison of levels of training received by support and non-support workers in the health sector**



Source: Labour Force Survey, 2014, ONS

## Comparisons of occupational groups and training

Whilst it is of little surprise that the overall figures demonstrate fewer instances of training for support workers, it is interesting to break them down further to broad occupational groups. For example, almost half of those in the group ‘Caring, leisure and other service occupations’, which contains the majority of clinical support workers in the health sector, report having received training and development in the past 13 weeks.

**Table 2: Comparisons of the extent to which occupational groups have received job related training and development in the past 13 weeks**

Broad occupational groups	Received job-related training and development in the past 13 weeks	
	Yes %	No %
Managers, directors and senior officials	44%	56%
Professional occupations*	58%	42%
Associate professional and technical occupations	40%	60%
Administrative and secretarial occupations	26%	74%
Skilled trades occupations	31%	69%

Caring, leisure and other service occupations	45%	55%
Sales and customer service occupations	34%	66%
Process, plant and machine operatives	8%	92%
Elementary occupations	21%	79%
Total	47%	53%

\* The majority of nurses, doctors, therapists and other clinical staff fall within this broad occupation group

Source: Labour Force Survey, 2014, ONS

## Administrative and secretarial support worker occupations

Accounting for somewhere in the region of 13% of the health sector workforce, there has been relatively little exploration of the skills and capabilities of administrative and secretarial support workers. However, there are some interesting indicators about the levels of qualifications and instances of training amongst this part of the workforce that highlight their potential neglect when service and workforce redesign is taking place:

- Only a quarter of admin and secretarial workers received training and development in the past 13 weeks, compared with almost half of the workforce overall.
- A significantly lower proportion of administrative and secretarial occupations are qualified at NQF level 4 and above.

There is a tendency in the health sector to talk of administration in terms of 'back office' functions that do not have an immediate effect on patient care. The development of these roles is therefore seen as unnecessary. However, more attention is needed on this issue. One of the main complaints levelled at the health service is the lack of information<sup>1</sup> given to patients, and these functions have an important role to play in ensuring the timeliness and quality of such information. There is also a role for administrative functions to improve the co-ordination of care in an increasingly complex health care environment.

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<sup>1</sup> Right Honourable Ann Clwyd MP and Professor Tricia Hart (2013). A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture, Crown Copyright

**Table 3: Comparison of qualification levels held by administrative and secretarial occupations in the health sector compared to whole economy**

<b>Administrative and secretarial occupations</b>		
<b>Qualification level</b>	<b>Health sector</b>	<b>Whole economy</b>
<b>NQF level 4 and above</b>	<b>25%</b>	<b>31%</b>
<b>NQF level 3</b>	<b>21%</b>	<b>21%</b>
<b>Trade apprenticeships</b>	<b>2%</b>	<b>2%</b>
<b>NQF level 2</b>	<b>26%</b>	<b>24%</b>
<b>Below NQF level 2</b>	<b>19%</b>	<b>15%</b>
<b>Other qualifications</b>	<b>5%</b>	<b>4%</b>
<b>No qualifications</b>	<b>2%</b>	<b>4%</b>

Source: Labour Force Survey, 2014, ONS

Policy makers and commentators are increasingly recognising that the support workforce has an important role to play in the UK health sector's future development. As previous sections of this report have shown, over a third of the sector's workforce (37%) are employed in support roles. There are also signs that there is a great deal of potential to develop and better utilise the skills of this workforce. The following section develops this case in further detail, in both economic and wider terms.

## 4. The development of support workers in the UK's health sector

This section:

- Highlights the recent history of support workers taking on additional tasks in the health sector
- Develops a broad economic case for the development of the support workforce and how improved ratios might make savings for the National Health Service
- Shows how the development of support workers has led to a range of impacts that go beyond economics to improve patient experiences and quality of work through real life examples

### Recent trends in the development of support workers

It is widely acknowledged that staffing is the largest part of the health sector's expenditure. Continually recalibrating roles and developing skills to maximise effective working is therefore extremely important to ensure the cost effectiveness and quality of health care delivery.

The development of support worker roles, in particular extending their scope of practice and enabling them to undertake a range of tasks alongside the 'traditional' nurse role, is not new. There is a long history of activities in the health sector being shifted from doctors to nurses and associate health practitioners, and to various health care assistants. Taking bloods, fitting catheters and so on are examples of tasks that have steadily become ones that can be performed by health care assistants but might traditionally have been undertaken by doctors and then nurses.

The shift to an all-graduate nursing workforce has been another driver to redistribute tasks. Commenting on recent developments, Kessler remarks that the "core" of patient care has shifted from tasks performed by nurses to those performed by HCA's<sup>2</sup>. Research from Kings College supports the view that some HCA's are now doing a wide range of advanced tasks that were traditionally undertaken by registered nurses<sup>3</sup>.

No one working in health wishes to compromise patient safety, and there are inevitable limits to the range of responsibilities that support workers and other roles such as assistant practitioners might have. However, with the correct governance and clarity of roles and responsibilities, as well as recognition of competence, support workers and assistant practitioners can enhance quality and efficiency of care.

Royal Colleges have in the past issued guidance on ratios of support worker staff to registered staff. Employers themselves have the opportunity to develop policies and procedures that help to clarify the roles and responsibilities of health care assistants and assistant practitioners to reduce potential confusion. Such guidance encompasses what tasks the support workers might be able to undertake within a ward and the sign off process.

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<sup>2</sup> Kessler, I., Heron, P. and Dopson, S. (2012). *The Modernization of the Nursing Workforce: Valuing the Healthcare Assistant*. Oxford University Press

<sup>3</sup> King's College National Nursing Research Unit 2010: "Moving forward with healthcare support workforce regulation"

Better utilisation of support roles is widely believed to be possible and can improve services for patients. In many respects, there is a broad economic case for making changes that generate savings for the sector as a whole.

## Developing support workers – an economic case

The health model in the UK will be confronted with a range of pressures that will spell in the increase in demand for health care whilst the funds to deliver the services appear to be under a downward pressure.

The population of the UK is forecast to increase to over 73million by 2037. The population is also aging; those aged 75 and over will grow from 7.9% in 2012 to 13% in 2037<sup>4</sup>. The longer people live the more likely they are to have one or more conditions that will require management. By 2030, there will be an estimated 17 million people with arthritis and 3 million people with Cancer. The number of people with care needs is also likely to rise by 61%<sup>5</sup>.

Overall the numbers of people with long term conditions such as; Hypertension, Depression, Asthma and Diabetes is likely to increase. Those with such conditions will continue to draw in a great deal of time and costs for the health sector. They account for an estimated, 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days. Around 30% of the population account for 70% of spending in the health sector. As the population ages, so too is the likely scale of these conditions in the population, unless significant changes to lifestyle is achieved.

Expectations of the quality of health care have also increased. More patients wish to be involved in decisions about their care. Medical advances and technological advances continue to present new possibilities for care and the treatment of conditions. Public services in the UK continue to face continued financial constraints. Efforts to reduce the deficit are likely to continue towards 2020. In this context, expenditure on health has been offered a degree of protection. However, funding for Social Care through local authorities has been less protected.

The changing profile of the health care workforce is also going to have an impact on the future of health care delivery. The sector itself is likely to see large numbers retiring over the next decade, particularly in the field of nurses and midwives. Writing in for the Kings Fund, Ham,<sup>6</sup> notes '*there is growing awareness that the current workforce is not well matched to patient needs, and the training pipeline, particularly of doctors, may exacerbate these problems*'.

Making better use of support workers can also make a significant contribution to saving money and helping improve patient care. For individual departments within the National Health Service, the potential cost savings may appear relatively modest in terms of overall budgets. For instance, the pay differential between a band 3 support worker post and a registered member of staff at band 5 might seem marginal at around £6,000 - £7,000<sup>7</sup> per annum when considering a budget of several million at departmental or ward level. There is little motivation to explore the potential use of a support worker to undertake tasks traditionally performed by a registered member of staff when the issue is considered in this way.

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<sup>4</sup> ONS <http://www.ons.gov.uk/ons/interactive/uk-national-population-projections---dvc3/index.html>

<sup>5</sup> 1. Department of Health (2012). Report. Long-term conditions compendium of Information: 3rd edition

<sup>6</sup> Chris Ham, Anna Dixon, Beatrice Brooke (2012) Transforming the delivery of health and social care; the case for fundamental change. London

<sup>7</sup> Mid-point Band 3 pay of £17,794 and Band 5 pay of £23,825/£24,799. Agenda for Change pay rates from 1 April 2014.

However, the potential cost savings for the whole of the NHS in using support workers more effectively could be significant. The following broad estimates are modelled by Skills for Health using NHS data on workforce numbers and pay<sup>8</sup>.

In the NHS, there are an estimated 279,000 clinical support workers (average salary £17,800) who work to support an estimated 351,446 nurses (average salary £30,892). The overall ratio of registered to non-registered staff is currently around 56:44.

Allied Health Professionals (AHPs) earn in the region of £32,000 and their support workers earn an estimated £17,000. According to recent statistics the ratio is somewhere between 70:30 in favour of the registered workers.

At a simplistic level, it is realistic to imagine a small shift in the ratio of the support workforce by 1%. There are numerous ways that this can be modelled, but if we assume that the numbers of nurses and AHPs remains static and increase the proportion of support workers, notional savings of over £100 million a year could be achieved across the health sector in England.

#### Illustration 1 – broad basis of calculations

The basic modelling below assumes that there are tasks currently being undertaken by nurses and scientific, therapeutic and technical staff that could realistically be assigned to support workers. The movement of these tasks would create additional capacity in the nursing and ST&T workforce to deal with increased demand.

The modelling is kept simplistic in order to enable the demonstration of savings that could be achieved through a relatively small change in skills utilisation; it is not intended to be comprehensive in the factors that it considers.

##### Nurses

Total number of nurses = 311,670

Average pay = £30,963

##### Support to doctors and nurses

Total number of support workers = 236,260

Average pay = £17,864

Current skill mix ratio = 56:44

Cost of current workforce outlined above = £19,149,302,000 per annum (rounded to nearest £1,000)

##### Scientific, therapeutic and technical staff

Total number of AHPs = 134,200

Average pay = £32,221

##### Support to ST&T staff

Total number of support workers = 53,960

Average Pay = £17,691

Current skill mix ratio = 71:29

1% change in skill mix (created by growing the support workforce)

<sup>8</sup> Health & Social Care Information Centre – Staff in Post data – HCHS monthly workforce statistics - August 2014, Please note: FTE figures rounded to nearest 10.

Staff Earnings – NHS Staff Earnings – Provisional Statistics Mean annual earnings per person by Staff Group, England. 12 month period ending August 2014

Total number of nurses = 311,670

Total number of ST&Ts = 134,200

New number of support workers = 255,000

New number of support workers = 57,510

Total cost of new workforce = £19,547,031,000 per annum (rounded to nearest £1,000)

**Although this is an increase on the current staffing bill, employing this number of people under the existing ratios would cost £19,649,115,000 (an additional £102 million per annum).**

This simplistic illustration shows the broad level of savings that might conceivably be made with a relatively small overall shift. It should be noted that this calculation only takes into account the budget and head count of the NHS; the independent health sector is not included, and in many respects has a different service model as well as distinct employment ratios between support and registered staff.

There is, however, evidence to suggest that the economic savings may actually be greater than this broad estimate indicates. In addition, better utilisation of support workers' skills can result in improvements in the quality of care, patient experience, work processes and potentially staff satisfaction as well as cost savings.

## **Developing the support worker role – local economic and quality cases to improve services**

Between 2012 and 2014, Skills for Health worked with over 20 health sector employers in a wide range of contexts to explore how to better utilise the support workforce. This 'embedded' working with employers enabled Skills for Health to develop an appreciation of the wide range of benefits associated with developing support worker roles.

### **Local drivers**

All the roles developed were informed by the national contexts of funding, governance and innovation. However, working closely with employers reinforced the importance of local drivers on how services are redesigned. Whilst aims were similar there were always important variations, with two situations rarely the same. Key rationales for developing support workers included:

- Reducing the number of inappropriate referrals to a GP, thus controlling the costs of appointments
- Cutting the number of days patients are spending in hospital unnecessarily
- Rationalising the use of temporary and locum staff to improve quality and cost effectiveness
- Monitoring patients in the community and activating services when indications of higher risk are identified
- Improving the rates of attendance of patients for appointments and treatments
- Providing routine, low risk levels of care that have traditionally been the domain of registered staff but did not necessarily require their skill levels
- Improving patient access to a wider range of both NHS and non-NHS services in the community

- Enabling the progression of support workers into more complex roles and responsibilities

## **Four important areas of impact that resulted in the development of support workers**

During this project, employers highlighted a range of potential improvements that might emerge from developing a support role. It was possible to distil these into four themes that together formed a score card that could be used to assess how the development of support workers can improve the quality and efficiency of health care. These are;

- **Improving patient safety and quality of care**

Improving patient safety and quality of care are the primary aims of the health sector, and this was a key theme emerging from each of the projects. This emphasis has been given new impetus in the light of recent high profile reviews of the sector, many of which express concern that the drive to meet targets reduced the centrality of compassionate and safe care.

- **Making improvements to workforce and staff**

Making improvements to workforce and staff was regarded as important to the sector. In some areas the development of the role helped to provide career progression, and in some cases reward for ongoing service.

- **Improved processes and working practices**

Improved processes and working practices were identified as a leading indicator of possible future impacts. For instance, the development of roles that assist in appointment setting might reduce the numbers of people who miss appointments or the number of times people felt badly informed about their care.

- **Potential financial and productivity improvements**

Employers participating in the program were also acutely aware of the need to make services more efficient. Meeting the other three themes will have led to important savings.

The following vignettes are based on real examples of organisations innovating and developing their support worker roles. They demonstrate how fresh approaches to roles and responsibilities, and the development of support workers, can provide improvements to the delivery of health care in both quality and financial terms.

## **East Cheshire Wellbeing Coordinator Role**

A unique partnership formed in East Cheshire between the voluntary sector and the NHS led to the creation of the role of Wellbeing Coordinator. Partners included Age UK Cheshire East, East Cheshire NHS Trust, Eastern Cheshire CCG, and South & Vale Royal CCG.

Wellbeing Coordinators assist with the management of patients in the community and are members of a local integrated team that brings together GPs, community nursing, mental health and social care services. Although not all the services are physically co-located, the integrated teams care for and manage a specific community based around GP practice populations. The main aims of the role are to reduce the amount of unplanned visits to hospital and enhance the wellbeing of patients. In particular, Coordinators help signpost patients to the services across the health, social care, private and voluntary sector that best meet their individual needs and goals for wellbeing.

Coordinators can assist individuals with long term conditions to build personal resilience in self- managing their health through assessment and review of individual needs, development of tailored wellbeing plans, and motivating behavioural change. All of this has a direct impact on the individual, offering one to one support that can improve their health and quality of life. This, in turn, ultimately reduces hospital admissions and GP visits.

### **Vignette 1: East Cheshire Wellbeing Coordinator**

*Reducing unplanned visits to hospital and enhancing wellbeing*

A unique partnership in East Cheshire between the voluntary sector and the NHS has led to the creation of the role of Wellbeing Coordinator.

The Coordinator takes a holistic approach to the person and can advise on areas such as health, diet, exercise and social isolation. It might be the first time that the individual has had a relationship with a professional who has time to talk to them and get to the root of their health and related issues. Two roles were developed: a level 5 Wellbeing Coordinator to manage the development and evaluation of the scheme as well as client intervention; and a level 4 Wellbeing Coordinator to focus solely on client intervention.

- The post is managed by Age UK Cheshire East but is transferable to other sectors because it is underpinned by transferable skills and competencies.
- There are currently five people in level 5 posts.
- There have been positive reactions from teams in both sectors because everyone is working towards the same agenda. The role is taking off now that existing staff understand how it can assist patients in their caseload.

#### **Benefits to health and social care services include:**

- Fewer unplanned hospital admissions and readmissions
- More effective hospital discharges

#### **Benefits to the individual include:**

- An increased sense of wellbeing
- Fewer visits to their GP for emotional issues
- A healthier lifestyle, including a better diet and appropriate exercise plans

### **Velindre Cancer Care**

Based in Cardiff, Velindre Cancer Centre treats cancer patients both near home via its mobile cancer unit, and at its central base. Developed in response to a range of local needs, the role was designed to help improve both the efficiency of treatments but also the quality of care. There was a particular emphasis on ensuring that the capacity of the cancer service was better deployed.

### **Vignette 2: Velindre Cancer Care**

Velindre Cancer Centre initially developed a Health Care Support Worker (HCSW) role within chemotherapy services to support nurses in its mobile cancer care unit, which helps to deliver treatment closer to patients' homes.

The Centre recognised that the HCSW role could have a greater impact if it was expanded to include administrative and organisational as well as clinical and communication responsibilities. It would enable Band 6 nurses to spend less time preparing chemotherapy clinics and more time working with patients, improving the level of clinical care that they could provide.

One of the motivations behind the introduction of the new, more senior, role was to enable the clinics to run at full capacity by reducing the number of 'unused seats'.

Each 'seat' enables a session of treatment; once prepared, it can be used continually throughout the day.

While the new Senior Health Care Support Worker (SHCSW) role was being developed, it also became apparent that the process of preparing the chemotherapy drugs was inefficient, with duplication between the nurse and pharmacy staff. This process was reviewed and streamlined, with the SHCSW brought in to liaise with pharmacy staff.

*"I was able to open more seats as a result of releasing clinicians into the clinical area. This is significant because one seat can treat up to seven patients a day so that's 35 more patients a week being treated – which improves our service to our patients and reduces waiting lists."*

#### **Benefits:**

- Having an experienced SHCSW working on the mobile unit enables more patients across South Wales to receive cancer treatment closer to their homes, freeing up capacity for more of those requiring higher risk, complicated care to be treated at the cancer centre. Patients and carers benefit from a Senior Health Care Support Worker with advanced knowledge of chemotherapy and processes associated with their treatment.
- The SHCSW provides the majority of hands-on care such as washing, changing and feeding. This continuity of care is likely to have a positive impact as the SHCSW can provide familiarity and emotional support for patients and their families.
- Band 6 nurses are able to spend less time on administration and more time with patients, improving their experience. Nurses also benefit from working with more highly trained SHCSWs.
- Efficiency savings – an estimated reduction in 'unused seats' worth around £19,200 per annum.
- An improvement in patient waiting times, with 92% compliance after the introduction of the role compared to 67% before. Speed of treatment is a key element of success for cancer, so this may assist in the improvement of clinical outcomes. The reduction in waiting times is also better for patients and their families.
- Overall volume of patients going through the hospital has increased, without expanding the number of available 'seats'.
- The numbers of cancer patients across South Wales is expected to increase, and so the availability of experienced SHCSWs able to work flexibly across different sites will support effective service expansion.
- The implementation of the Senior Health Care Support Worker role will offer career progression for individuals currently in HCSW roles.

## Birmingham NHS Nail Carer

Nail care is a common need for mainly elderly people in the community. Due to mobility, many older people find it difficult to cut their own nails. Without regular care, overgrown nails can have a significant impact on their wellbeing. In some cases, the patient might be unable to walk or may develop infections.

However, such routine care does not require the attention of a fully qualified podiatrist whose time can be better spent on more complex cases. The Nail Carer role was therefore developed to provide a cost effective alternative for routine nail care.

### Vingette 3: Nail Carer

*Providing a more cost effective alternative for routine nail care*

South Birmingham NHS identified the need for the provision of routine nail care after discharging more than 4,000 patients from its podiatry service who simply needed their nails cutting.

The Trust worked with Birmingham Metropolitan College to devise a training course for nail carers. The aim was to produce qualified nail carers who would work independently from the NHS, and whose clients would book and pay for the service themselves.

This scheme proved a great success, offering a safe and affordable service to patients across the area. South Birmingham saw the potential for the role to spread across the UK, and worked in partnership with Skills for Health to get the Nail Carer course recognised as a regulated qualification offered by awarding organisations. Waiting times for people needing South Birmingham's podiatry services have dropped to just six to eight weeks from a previous high of up to two years; and the Trust's more highly skilled workforce can now focus on higher risk and more complex cases.

#### **Benefits:**

- An estimated 5,000 clients are currently registered with nail carers that have been trained in Birmingham, and many are being seen several times a year. The value of the nail care business across Birmingham is currently estimated at more than £250,000 per annum, with continued growth expected.
- Longer term, South Birmingham NHS expects to see a decrease in referrals to its podiatry services as GPs instead refer patients directly to locally accredited nail carers.
- The demand for safe, affordable nail cutting is growing. Evidence suggests that, nationwide, more than 30% of over-65s are unable to cut and care for their own nails – a total of more than 2.7 million individuals. This number is projected to grow as the population ages
- Potential gains in time and resource to the NHS are enormous. Apart from the savings to podiatry services and benefits to the local economy, there could also prove to be savings in other areas; routine nail care may reduce the risk of falls, especially in the elderly.
- To date, more than 120 people have been trained at Birmingham Metropolitan College and the new Nail Cutting and Care qualification has recently been launched in England and Wales.

## 5. Concluding remarks - the development of support workers in the health sector

This paper highlights the critical role that the support workforce plays in ensuring the quality of patient care and smooth running of the health sector. A significant proportion of support roles provide direct care to patients and support to clinicians. Large numbers are also involved in providing support in many other roles, from administration to facilities management. Support workers are often overlooked as part of the workforce planning process and when decisions on training and development are being made about the investment of skills in the workforce.

We have outlined some of the major characteristics of support worker roles, including gender balance and profiles of age, training and qualifications. It is clear that there are more women in these roles and their age profile demonstrates older and younger workers. A great number of support workers are in part-time positions. Those developing training and development initiatives for this group would be wise to take account of these characteristics.

The sector is showing some depth in the qualifications of those in support worker roles. Around a quarter are qualified to level 4 and above of the National Qualifications Framework. There are other areas, notably administration, where instances of development and qualification levels appear low when compared to other parts of the economy.

Our broad modelling of potential returns on the development of support workers in the NHS indicates that a service-wide drive to develop the skills mix, with a view to increasing the proportion of support workers even by small amounts, is likely to be rewarded with significant financial returns. Potentially in excess of £102m per annum across the UK.

There is an increasing body of evidence that shows the significant improvement that can be gained from investing in the development of the support workforce as opposed to more traditional roles and professions. Local drivers are extremely important to the development of support worker roles. Our vignettes derived from employers working closely with Skills for Health demonstrate that intelligently developed support roles can make a significant contribution to financial savings as well as improvements in quality. It is also important to emphasise that improving the quality of patient care and experience is central to the development of new roles. They can provide great development opportunities for employees and enable progression into professional roles.

Innovation in the health care sector is often characterised as being 'difficult' to achieve. Frequently likened to a super tanker, commentators point towards the size of the health care system, and the broad range of interests that can act to inhibit change. Others have drawn attention to successive attempts to develop the sector. A recent analysis, undertaken by Chris Ham at the Kings Fund, explores how policy makers have used a range of methods including target setting, inspection regimes and attempts to develop quasi-markets<sup>9</sup>. What is clear is that support workers are a key to securing the provision of affordable healthcare in the face of increasing demands and continuing financial constraint. Leaders and employers ignore the development and greater utilisation of this section of the workforce at their peril.

Our next paper in this series will focus on the "how" to develop this aspect of workforce with some practical guidance and drawing on the experiences of Skills for Health and employers working on the ground to develop support workers in the health sector. Whilst many have commented on why change is a challenge and the barriers that confront it at a macro level, we focus instead on real world examples of how people can develop support workers locally to meet acute needs for the communities they serve.

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<sup>9</sup> Chris Ham (2014) *Reforming the NHS from within: Beyond hierarchy, inspection and markets*, Kings Fund, London



A decorative horizontal band with a curved top and bottom, containing a series of vertical stripes in various shades of purple, blue, and teal.

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