Staffing Model

As a clinical assessment system with strong enablement of trained non-clinicians to perform clinical assessments, NHS Pathways relies on a very different staffing model than any other system. Settling into the appropriate ratio and numbers for your service is a balance of factors. Pre-go live modelling and liaison with other similar services is helpful, but careful monitoring in the post go live period will help identify if the ratio and staff numbers are appropriate across a range of different roles.

Why does this matter?
What will happen if you don't get this right?
What are the different scenarios?

Too few call handlers

NHS Pathways supports the initial call handlers to assess and refer a greater proportion of callers to definitive care during that first call. Inevitably this does lengthen the initial call, particularly in the ambulance setting but not by as much as it might be thought. It reduces the overall episode length when the length of clinician consultations is added into the mix.

Having too few call handlers will make those in the contact centre feel rushed and under pressure to quicken calls, which could result in mistakes and affect the final outcome for the patient. This includes:

- Support for the system waning. Call handlers will see this as the fault of the NHS Pathways system which is the big change they can see. Staffing model coupled with poor engagement will lead to NHS Pathways being blamed and the system will not be utilised to its fullest capacity. As the pressure will be to quicken the calls, this will lead to less probing (questioning of callers), taking answers at face value, giving high referral to higher end points and lower referral to lower end points.
- Call handlers further under pressure, potentially with calls backing up with BT in the ambulance service. This will result in call handlers starting to take easy ways out of calls to keep them short, which in turn will lead to high referrals to higher end points and low referral to lower end points.

Too few clinical supervisors

Confidence is a huge factor in call handler performance with NHS Pathways. Presence of clinical supervisors to give encouragement, comment on and reinforce good practice and provide reassurance of support where needed gives call handler confidence that they are taking up new skills well, using the system effectively and in turn they will being to feel confident about using the system to its fullest potential.

Without strong and supportive clinical supervision, call handler performance will slide, with less probing, tendency to accept patient answers without question and create over referral to higher dispositions. Call handlers won't receive the support they may feel they need and revert to a mentality of give the patient more care than they require to be 'safe'.

Inappropriate staff acting as clinical supervisors

NHS Pathways enables assessment across a wide range of clinical symptoms and to a low level of disposition. Clinical supervisors without a breadth of clinical knowledge and experience across the range of symptoms and to the lower levels of illness and injury will struggle to provide appropriate support to call handlers. This will result in a lack of confidence in the system and reluctance to probe and refer to lower levels. A good background in primary care is ideal for clinical supervisors to enable appropriate encouragement of call takers.

Too few Continuous Quality Improvement (CQI) Managers and CQI support staff

CQI managers and support staff ensure that individual performance can be monitored and opportunities for individual improvement identified and acted upon.
In addition, it enables the identification of 'champions' with good performance to act as buddies to transfer good practice.
In particular, spotting trends and common topics where performance could be improved enables targeted training and support for groups with a common weakness, giving overall improvement in performance. See the CQI sheet for greater detail.

Too few coaches

At go live it is important to ensure there are enough coaches and champions supporting call handlers. This is the key time to eradicate any misunderstandings and practices that are not in line with operational or NHS Pathways practice. If there are not enough coaches then established 'wrong' practice will embed and will be more harder to undo in time and will lead to a lesser performing organisation. Consider buddying with other sites to enable staff to get up to speed ahead of go live and have sufficient experienced coaches in the call centre or control room.

Too few nurses

Nurses can bring a wider range of clinical experience – see point above regarding clinical supervision.
Experience shows that a lack of nurses to refer to will also cause call handlers to default to transport in the belief that the patient is 'being helped' if they think the nurse/ clinician is too busy.

For further information contact the NHS Pathways team at nhspathwayscms@hscic.gov.uk

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NHS Pathways
Integrating Urgent and Emergency Care