Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 246

Organisation name: University of Central Lancashire

Type of response: Online
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<th><strong>Respondent ID:</strong></th>
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<tr>
<td><strong>Your name (completed by):</strong></td>
<td>Professor Caroline Watkins</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:clwatkins@uclan.ac.uk">clwatkins@uclan.ac.uk</a></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>1.77E+09</td>
</tr>
<tr>
<td><strong>Organisation name:</strong></td>
<td>University of Central Lancashire</td>
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**Please choose the description below that best fits your organisation’s main role:**

- Academic Institute

**What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?**
Workforce development is key to improving the quality of care. We need to improve quality and yet keep costs down. Developing standardised, generalisable training for staff in stroke care was a key message from the National Stroke Strategy (2007). Defining the training that staff should have to deliver the right care on the stroke care pathway ensures that 1) staff know their training needs and allow them to identify courses to meet those needs 2) course developers will be able to develop courses that are fit for purpose 3) commissioners will know what training the staff in services should have had, or should access in the future. No such clearly defined system exists for any other condition. The stroke community (CW academic lead and chair of UKFST committee) has developed the Stroke-Specific Education Framework (SSEF, defining what the service requirements, knowledge and understanding, skills and abilities are needed along the 16 elements of the stroke care pathway. The UK Forum for Stroke Training (part of the UK Stroke Forum) has been set up - a quality assurance mechanism to review courses and assign endorsement to those that are SSEF compliant. Courses must be clear about the target audience, the element of the care pathway that is covered, and the academic and clinical credibility of those that deliver the course. They must also clarify how service users (those affected by stroke - patients and carers) have been involved in the development and delivery of the training. There are registered professional and lay reviewers, and a committee representing all 4 nations, professional groups (health, social care and voluntary organisations) and the public. Further work (lead by CW and Dr Michael Leathley and with the support of the stroke community) has allowed the development of professional and lay SSEF Role Profiles. These profiles define who should know what, and at what level; dependant upon their role and level of responsibility along the stroke pathway. The UKFST is now working with the Council of Deans to target preregistration/professional training to ensure that those qualifying as health professionals are fit for purpose and able to safely contribute to stroke patient care from the outset.

**What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?**

Workforce development is key to improving the quality of care for all conditions. Defining the training that staff should have to deliver the right care on the care pathway would be of benefit for other conditions. This innovative model, developed in stroke could be utilised for other conditions. Never before has such a system been available.

Commissioners should demand staff that meet (or will be developed to) SSEF specifications, only invest in training that has been endorsed by the UKFST. Staff and managers should review their training needs, and access training that has UKFST endorsement. Users should demand that staff caring for them should have the right SSEF defined knowledge and skills to give them the right care. SSEF Role Profiles cover stroke-specialist (consultants, nurses etc) and generic but stroke relevant staff (GPs, Care home workers etc). Raise the profile of the SSEF and UKFST - make compliance a burning issue.

**Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?**
The quality of healthcare relies on having the right people, with the right skills. They must also know what are there right treatments, and there needs to be the right numbers of staff with the right time available. A staffing calculator has also been developed to allow exploration of the configuration of stroke teams (acute, rehabilitation and community) to inform staffing levels, skill mix considerations and SSEF Team Profiles.

**We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?**

Yes

**Do you want to be kept in touch with the next steps in this process?**

Yes

**Do you want to be included in a wider community of interest?**

Yes

**What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?**

Clinical Commissioning groups need to make use of the SSEF, the SSEF Role Profiles and the UKSF/UKFST to assist them in commissioning the right services, with the right staff, with the right knowledge and skills, or to purchase training for existing staff that is fit for purpose to ensure the development of the right skills to the right level. This would give them the opportunity to develop stroke-specialist knowledge and skills in more generic staff to allow them to safely take a role in the stroke care pathway. For example, where concerns are raised about generic neurological teams taking on stroke specialist community care, then the SSEF Role Profiles can be used to inform the development of stroke specialist skills in those generic staff. Before the development of the SSEF there was no way of exploring whether staff were fit for purpose, or training able to truly deliver the right skills.