



NHS Services (Scotland): using National Occupational Standards (NOS) to assist in delivering high cost medical screening in Scotland

Background

The National Services Division (NSD) has devolved authority from the Scottish Government to commission specialist services, national screening programmes and risk sharing arrangements. Funding is top-sliced from NHS Boards and that money is used to commission very high cost, low volume services such as liver transplants, cardiac transplant services and national screening programmes, including breast screening.

Belinda Henshaw, Programme Manager, works within the boundaries of a commissioning framework, performance monitoring and managing services within her remit. Part of this process is ensuring that services deliver to a high quality standard within an allocated budget:

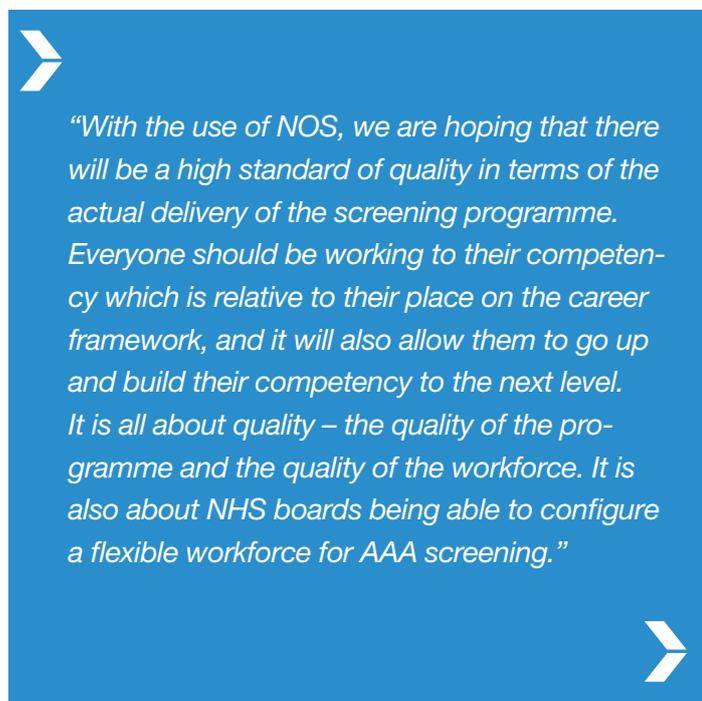


“NSD commissions high quality specialist services and screening programmes for the population of Scotland on behalf of the Scottish Government and NHS Territorial Health Boards. This mechanism insures that services remain sustainable and high quality whilst reducing the risk of unplanned highly expensive care destabilising a local Board’s own budget. It ensures that there is equity of access to highly specialised services for the entire population.”

Using National Occupational Standards (NOS) for screening programmes

Belinda began using NOS in the context of the Abdominal Aortic Aneurysm Screening Programmes (AAA Screening) in 2009, a year after the Scottish Cabinet Secretary had announced that AAA Screening would be available for men who were 65 years old in Scotland. Once this announcement had been made NSD were instructed to develop and implement the screening programme. Belinda set about developing a programme structure which included a multitude of working groups to look at specific components of the screening programme. One of the working groups was convened to look at workforce issues relating to the programme and develop all components necessary to configure a screening workforce. Lorna Hunter, from Skills for Health, was invited onto the group which recognised the need to assess the viability of NOS in this project.

“We were looking at NOS because we realised that the workforce would have to deliver the screening programme to a certain standard of quality right across the board,” said Belinda.



“With the use of NOS, we are hoping that there will be a high standard of quality in terms of the actual delivery of the screening programme. Everyone should be working to their competency which is relative to their place on the career framework, and it will also allow them to go up and build their competency to the next level. It is all about quality – the quality of the programme and the quality of the workforce. It is also about NHS boards being able to configure a flexible workforce for AAA screening.”

The chair of the workforce working group, Mr Rod Chalmers, Consultant Vascular Surgeon, provided a mandate for the development of a Competency Framework. A sub group was then convened to develop the framework. The group broke down the screening episode into tasks, aligning these tasks with necessary knowledge and skill to deliver each task. This was then developed across the levels of the career framework mapping the relevant NOS and Competencies against them; this ultimately led to a toll which demonstrated that different tasks could be delivered by different roles allowing a flexible workforce to be developed.

Sonographers, nurses, assistant practitioners and support workers were among those involved in the development of the framework which spanned professionals, grades and roles.

Planning for competence

The framework is currently being used for workforce planning in the lead up to the programme launch in June 2012 acting as a tool to set out a varied workforce. The aim is to ensure that high quality screening is delivered as flexibly and cost-effectively as possible by an experienced workforce, alongside one that is being developed. NOS will also be integrated into the training course. Belinda continues:

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The benefits of NOS

For Belinda, NOS have been a really beneficial tool because, although she is using NOS for preparation (prior to the launch of AAA screening programme), it has also allowed her to map out how the programme plans to train personnel, the content of the training and the competencies required for the entire workforce.

“Our objective,” stresses Belinda, “is that every man in Scotland receives an opportunity for screening, and that the screening episode is delivered to a high quality in a safe, effective way. People are working to their utmost competencies here, and at a competency that is expected of them, to deliver this quality.”

Another benefit of NOS that is apparent in the National Services Division (Scotland) is that ultimately it will allow Boards to configure screening in a way that means that their local screening programmes are viable, sustainable and consistent.

Intelligence > Investment > Impact

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