

Supporting our Continuing Healthcare Workforce

Our CHC staff have played a major role during the COVID-19 pandemic and as the country starts to move to a new normal, there is a massive wave of work that could potentially overwhelm many CHC teams.

It is anticipated that there will be three workstreams that will contribute to backlogs totalling about 60,000 cases across England. Many of them will be unlikely to be CHC-eligible but will still require an assessment. Hospital discharges and CHC referrals are likely to make up the bulk of the backlog, but existing CHC reviews will also contribute to the challenge of getting back to business as usual for CHC teams.

The challenge our CHC workforce now faces is whether it has the capacity to complete these assessments, whilst also managing a day-to-day workload?

Employing agency staff

For some CCGs, the solution may be to build capacity by recruiting agency staff. Many CCGs find it difficult to recruit permanent staff and must therefore rely on agency staff to help manage their day to day activities. While they do a valuable job, this temporary arrangement appears to have become the default for a number of CCGs, but it does not address the core problem of the under-resourcing of the service. This is the reason that CHC agencies and interims exist and in an ideal world, if CHC teams were resourced properly then there would be no need for them.

The NHS has long had a desire to reduce the number of locum and agency staff providing clinical services due to failures to recruit and retain staff over many years, and CHC is no different. Over the last two years, we have seen CCGs spend millions of pounds on agency staff with no understanding of the impact this has in destabilising the core CHC team.

The COVID-19 pandemic has created an opportunity for some agency staff or consultancy teams to form new alliances and businesses to seize the opportunity to generate profit from the situation CCGs find themselves in.

Evolving and transforming

For CHC teams to transform, they need to look at alternatives to this model and look for trusted partners to develop better ways of working, in order to address the core issues facing CHC services in 2020 and beyond. Partners who can lighten the load, while respecting the existing workforce, is an ideal arrangement for supporting CHC teams to flatten the curve and reduce the impact of the cases that will require a CHC assessment once emergency procedures are lifted.

Long-term solutions to address the challenges of workforce issues can be resolved by developing a collaborative CHC nurse bank at ICS or regional level, such as those developed by Liaison Workforce. This approach optimises the quality of staff while minimising the costs.

Moving back to business as usual for CHC teams will be a challenge for many CCGs. We believe there are better ways to minimise the long-term impact of COVID-19 than the use of agencies and newly formed consultancies to support you.

Share your challenges with Liaison Care

We would be interested to hear of both your challenges and successes during the coronavirus pandemic and your experiences of using agency staff, which we can share across the CCG network and help create a positive vision for CHC for the challenges that lie ahead.

For information about this and other [Liaison Care CHC products and services](#), please get in touch on 0845 603 9000 or email Hugh Reynolds, CHC Strategic & Clinical Director for Liaison Care, at hreynolds@liaisongroup.com