Working towards a hospice workforce that is fit for the future

A working paper of the Commission into the Future of Hospice Care
In 2010 the think tank Demos published a report entitled ‘Dying for Change’ which highlighted some of the challenges facing hospices in the future. Help the Hospices responded to this by setting up the Commission into the Future of Hospice Care to provide guidance, information and options for hospices to inform their strategic position and offerings in the next 10 to 20 years. Opportunities exist across the UK to improve the experience of people who are approaching the end of their life, and that of their families and carers. The Commission is considering how hospices need to develop over the next three to five years to be prepared for the challenges facing them in the future.
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Summary of recommendations

This working paper from the Commission into the Future of Hospice Care lists the roles and skills required in the hospice workforce in the future, and provides some recommendations to help the sector provide these skills.

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Recommendations for hospice care providers

- Benefit from best practice in role redesign both within and beyond the hospice sector
- Develop workforce plans with scenarios

Recommendations for national organisations supporting hospice care

- Act to formulate and develop roles in the sector
- Identify relevant training and development for hospices
- Embed future thinking
On 30 April 2013, the Commission into the Future of Hospice Care convened a workshop with Skills for Health to help the hospice sector plan what will be needed from their workforce in 10–15 years time. This paper is based on the discussions of that day and provides some key recommendations for the development of roles and skills required to meet the challenges of the future.

We know that the environment that hospices operate in will change dramatically in the future. By 2035, the number of people aged over 90 is expected to triple, and the most notable growth will be the group of people aged over 100, which is expected to grow by almost 10 times the current number. These oldest-old will be increasingly frail, suffering from multiple co-morbidities and will need increasingly complex care, including dementia care. By 2050, one in three people are expected to die with dementia.

The statistics regarding the future are stark, and provide a real challenge for providers of hospice care. For hospices to thrive in the future, they will have to adapt dramatically. The Commission has recognised many key areas for change, suggesting that a very real shift will be needed in the way hospices operate, the services they deliver and the people that they look to serve if they are to survive and be effective in their contribution in the future. These changes will need to be underpinned by a workforce that has relevant skills, can work in a variety of contexts and is innovative and highly flexible in approach. Such a workforce needs investment and development over a sustained period.

The Commission has chosen to explore the scope and nature of such development in partnership with Skills for Health. Skills for Health has extensive experience with future orientated exercises designed to help the healthcare sector consider its workforce for the future. The workshop in April was an opportunity for experts in hospice care from across the UK to convene and undertake a day of scenario planning; a tool which projects the future and encourages delegates to envisage how hospices would need to adapt and operate successfully in the future.

This paper details the changes to the hospice workforce that are needed based on a scenario planning methodology. It provides some key recommendations for consideration by hospices to ensure they are well placed to meet the future with confidence.

Penny Hansford, 
Director of Nursing, 
St Christopher’s and a member of the 
Commission into the Future of Hospice Care
On 30 April 2013, 28 delegates (see Appendix 1) from the hospice sector attended a scenario planning workshop, designed to provide some key recommendations for how the workforce needs to change in 10-15 years time. It is important first of all to appreciate and understand the scenarios – how they were devised and why they are useful to thinking about the future.

Scenario planning is an intelligent method of exploring how the healthcare environment will change in the next 10 years. Scenarios are stories about the future with plausible, relevant and challenging versions of how the future may look. Using these different stories of the future provides an important framework to consider how healthcare will evolve and what can be done to shape, and work with, that future. For this reason, it is an important tool to help us address how hospices will need to operate in the future; what roles and skills are essential and which need to be developed.

How were the scenarios developed?

On the day, we worked with three scenarios of how the future will look. These scenarios were developed by Skills for Health and are based on expert projections, extensive horizon scanning, research and interviews with key stakeholders in healthcare.

The scenarios were developed by identifying some very core, key drivers in the healthcare environment. Not all of these drivers are relevant to every scenario, but they are widely recognised as the key factors that will instigate change over the next 10-15 years.

These drivers are illustrated below:

Once the core drivers for change were identified, they were then launched against the current healthcare environment. The conceptual ‘pushing’ of these drivers through the present environment forced some serious shifts in how the environment would operate. These shifts were then grouped together to describe three distinct scenarios of the future which are plausible and credible, but also challenging due to their stark difference to today’s world.

The three scenarios presented are:

- Business of health
- All by myself
- Less is more
The Commission and readers of this report can be confident that by using the scenarios, developed by Skills for Health, we are working within a framework and using a perspective that is as provocative as it is robust. These scenarios are absolutely key to enable thinking about how the workforce needs to change in a very real and very challenging way.
What do the scenarios tell us about the future of hospice care?

By looking at the three scenarios in detail, it is possible to identify the implications, whether positive or negative, for hospice care. Analysing all three together enables a rich vision of the future, providing a critical, comprehensive and plausible look at the changes that are needed to ensure the workforce succeeds in this context. Further information describing the detail of each of the three scenarios is available via Skills for Health(1).

For the purposes of this report, there is a short summary of each scenario, some consideration of how hospice care might fit into such a future, and a description of the key actions required by hospices if they are to be ready for such a future. Some suggestions are made about the current capabilities and weaknesses of hospices to work effectively in each context and potential opportunities and challenges to hospices in relation to each. These may or may not be true for individual hospices; the aim is to describe the discussion at the event and provide opportunities for individual hospices to reflect further about their own capabilities and aspirations.

The business of health

The business of health describes a scenario in which the following features are key:

- Constrained public spending which will drive big business opportunities
- A production line approach to care with segmentation into narrow specialisms
- A focus on cost effective care and good outcomes
- Price sensitive approach to commissioning/purchasing services
- International competition and specialisation in some areas.

Current capabilities of hospice care that would benefit this scenario:

- Hospices are seen as providers of specialist care
- Many of their staff are highly specialist in terms of skills
- Some hospices already provide highly specialist interventions such as pain control.

Current weaknesses of hospice care in this scenario:

- Hospices are relatively inefficient in their use of resources
- Most hospices are not able to offer evidence of the outcomes of their care
- Many hospices do not know the detail of the cost of their services and would therefore find making efficiencies difficult.

(1) www.skillsforhealth.org.uk
Future opportunities that this scenario would present to hospice care:

- There would be renewed interest in hospice care as a source of specialist knowledge and expertise
- This scenario would include the purchase of highly specialised aspects of hospice care, e.g., epidural pain control and palliative rehabilitation
- There could be funding for hospices to provide particular interventions in other contexts, where it would not otherwise be available
- There could be provision of end of life care that is not easily or cheaply provided elsewhere, e.g., extubation of people dying on ICU’s / PICU’s
- There would be a need for utilisation of specialist skills beyond end of life care, e.g., pain management, bereavement support.

Future challenges that this scenario would present to hospice care:

- There would be interest in discrete parts of the service only, e.g., inpatient days, rather than the purchase of the whole system of care
- There could be lack of interest in the softer bits of hospice care, e.g., the hospitality attached the inpatient care
- There could be lack of interest in hospices that currently provide very expensive care
- Hospices would have a lack of measurable outcomes
- It could mean a lack of funding or support for the delivery of care for people with low level needs, including respite care and general care for people who are dying.

In this scenario, hospice care providers would need to:

- Excel at providing evidence of the value they add to services
- Be able to specialise in certain areas; whether that is medical conditions, people or markets
- Be able to trade on being a centre of excellence for end of life care in the health sector
- Be sharp at contracting with others.

Key workforce implications that are likely to come to the fore in this scenario:

- Highly specialist staff
- Lean teams – to reduce costs wherever possible
- Strong business and contracts managers
- Entrepreneurship
- Strong marketing teams.
A glimpse into the future: Amanda Wiggins, shareholder and investor at Inspiral Care

The recovery took a lot longer than anyone really had anticipated. Investors really had fewer options. The interest rates stayed low, there was money out there needing to be invested.

So, I saw a prospect, something that offered steady growth. Something that was going to be a long term investment. Reasonable but not extravagant, you can’t go into this area of business with an idea that you will make lots of money. But it’s a solid return.

It was also open territory for us. Our competitors, smaller local hospices, they had provided great care for years. They were able to do this in the same way for years. But the world changes and we, I think, offer a respectable, dignified form of care for those who need it. Every bit as good as before, but we can do it in a way that does more with the money given to us. We’ve been able to help some organisations, bringing them under our wing and integrating them into our approach.

The best way we found to organise cost effective care is to be disciplined and offer what we can within certain parameters. We have found that if we specialised in one area in particular, in our case dementia related care, we could really get the right expertise in at the right rate. We could also organise the support staff around this care much more easily and cost effectively. We didn’t specifically set out to become a national centre of expertise. But, we found ourselves becoming one because of our large scale focus on this area of care. People are prepared to travel knowing that we are offering outstanding provision.

We have partnerships abroad and we have been able offer periods of respite care for our British clients abroad in southern Spain, Cyprus, some parts of Bulgaria and beyond. Thanks to the very international nature of the UK’s population, it will soon be possible for us to consider India and other commonwealth countries.

We don’t have partnerships with organisations like Dignitas, people know where to find them and it’s their choice.
### All by myself

All by myself describes a scenario in which the following features are key:

- A funding focus on promoting wellness and supporting prevention of illness
- Personal responsibility for care
- Self funding opportunities for individuals seeking care
- More and longer independent living by individuals
- Replacement of carers with robots
- Increased use of technology to assist self monitoring by individuals
- Opportunities to choose to receive treatments in a variety of contexts, not necessarily in a hospital or other traditional health setting.

### For hospices, the key characteristics of this scenario are:

- There is an emphasis on health promotion and health prevention
- It moves patients from a position of dependency to independence
- It allows co-funding of care – which is empowering for those with some money of their own.

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<tr>
<th>Current capabilities of hospice care that would benefit this scenario:</th>
<th>Current weaknesses of hospice care in this scenario:</th>
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<tbody>
<tr>
<td>Hospices have always focused on enabling people to live well and enjoy a good quality of life, even with a terminal illness</td>
<td>Hospices are focused on providing interventions and care that is face to face</td>
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<tr>
<td>The philosophy of hospice care promotes independence, regardless of a debilitating condition</td>
<td>Hospices’ use of technology as an assistant to care is minimal</td>
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<tr>
<td>Hospices are flexible in where they deliver care, following the patient and their family as and where they need care.</td>
<td>Hospices are resistant to self funding for care, wanting to continue to provide care which is free at the point of delivery</td>
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<td>Hospices are used to relatively short interventions related to predictable deterioration in condition, as per the cancer trajectory, rather than ongoing engagement</td>
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<td>Hospices have a history of managing problems arising from a terminal illness, rather than working in a preventative way.</td>
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Future opportunities that this scenario would present to hospice care:

- It would play to the strengths of a new public health approach to end of life care
- There would be a focus on wellness which is great for providers of palliative rehabilitation and self management of symptoms
- It would encourage development of social networks – for advice and company
- There would be fewer hospital beds, offering increased opportunity for more community based hospice-light services
- There would be a requirement for more care at home
- There would be increased interest in supporting people with chronic and end of life threatening conditions
- Increased use of technology would be required to monitor and report changes in symptoms
- There would be a need for provision of palliative care support in other contexts than traditional healthcare settings, such as health cruise ships and similar.

Future challenges that this scenario would present to hospice care:

- There would be an increased use of robots for delivery of basic care
- There could be a fear of organisations and systems which hold data centrally, e.g., end of life care registers on the part of patients and families
- If wellness is considered a right, people would address issues related to their death even less than currently.

In this scenario, hospice care providers would need to:

- Excel at communication and leadership skills in defining and promoting what hospice care is, its availability and its fit with individuals needs
- Provide care at home enabled by monitoring and wellness technology
- Account for the services that are being offered
- Diversify services; delivering excellence in both shorter relationships, towards the end of life alongside general wellness and prevention which can last years and even decades.

Key workforce implications that are likely to come to the fore in this scenario:

- Increased levels of technological skills to support self monitoring at home
- New public health skills
- Increased levels and scope of rehabilitation skills
- New roles to support the development of expert patients and carers
- Shift away from clinicians focused on diagnosis and treatment of symptoms to a workforce that is focused on building and maintaining a sense of wellbeing and control.
A glimpse into the future: Sam Morris, remote diagnostic technician

My name is Sam Morris and I am a remote diagnostic technician at Welltech, a telehealth specialist. My role primarily involves monitoring banks of telemetry relating to a patient’s health.

Patients can access our services in a range of ways, there is a range of services delivered for the NHS but patients can also pay directly to have our equipment installed into their homes and they pay an on-going monthly fee to us for the monitoring of a range of measures.

Fees are tiered depending upon the amount of monitoring that we are asked to conduct for the individual patient or their carers. There are simple systems where the equipment will monitor a patient’s blood pressure, weight, body temperature, blood sugar, etc through to more sophisticated systems that will monitor whether a patient has taken their medication at the correct times or if they have moved around their house today.

If we spot anything untoward I am responsible for following the set procedures and protocols to ensure that the patient gets the right kind of help. This might be a call to a GP to say that the telemetry is indicating their patient may have a respiratory infection or it could involve deploying the expertise of a district nurse to the patients’ home. The aim of the system is to pick up any deterioration in a patient’s condition before it becomes an emergency.

Our systems have been independently evaluated and they show that this technology allows people to have an improved quality of life, with fewer hospital admissions. The technology also allows people with complex conditions to live independently for longer.

One increasing area of growth for the company is monitoring the general health of those that are more elderly. With families now sometimes spread right across the country and even internationally we are finding that the children of elderly consumers want to purchase our systems to have the reassurance that their relatives are keeping in good health and accessing treatment when they need to.
Less is more

Less is more describes a scenario in which the following features are key:

- Personalisation
- Self directed care budgets, but of a limited nature
- Focus on simple and cost effective packages of care
- Availability of accessible information means the patient or family as a customer is well informed
- Emergence of multi provider, customised packages
- Drugs tailored to individual genetic profiles
- Tele-health and health-enabled remote, cheap monitoring.

For hospices, the key characteristics of this scenario are:

- Increased use of personalised budgets to purchase care, including palliative care
- Reduced resources available generally to support health care provision
- Empowered consumers through easy access to information
- Increased use of technology to monitor the condition of patients at home.

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<tr>
<th>Current capabilities of hospice care that would benefit this scenario:</th>
<th>Current weaknesses of hospice care in this scenario:</th>
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<tr>
<td>Hospices are skilled in providing highly individualised care to their users</td>
<td>Hospices are not used to caring for individuals with personalised budgets</td>
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<tr>
<td>Hospices have experience of working with other providers to plan and deliver comprehensive packages of care</td>
<td>Hospice care services are relatively expensive</td>
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<tr>
<td>Hospices are good at helping individuals plan the care that they need</td>
<td>The predominant approach to hospice care is one of paternalism</td>
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<tr>
<td>Hospices are considering their role as a hub, a model which would lend itself to this context</td>
<td>Hospices are often limited in their knowledge of other organisations that could augment their care, particularly for people with chronic conditions other than cancer.</td>
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<tr>
<td>Hospice staff have often served as key workers or coordinators of individuals’ care.</td>
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**Future opportunities that this scenario would present to hospice care:**

- There would be increased provision of information for users to help them design their preferred packages of care
- There will be increased levels and scope of care at home
- There will be increased opportunities for highly personalised services
- There will be a demand for menus of care which are culturally sensitive, cost sensitive and allow pick and mix
- There will be an opportunity for paid coordination
- There will be an increased availability of personalised budgets to purchase elements of care which are currently difficult to fund, such as respite care
- Palliative care could be used in ‘dementia villages’
- There would be major training opportunities for users and other providers.

**Future challenges that this scenario would present to hospice care:**

- Hospices will be required to work with new groups of users, particularly people with chronic illness
- Hospice care providers will be working with highly informed users
- Hospice care providers will need to provide navigation services beyond traditional hospice care
- Hospice care providers would need to manage demand for care, driven by availability of personal budgets; this means prioritising by clinical need as well as availability of resource.

**In this scenario, hospice care providers would need to:**

- Assist the patient and their carers in making choices about the best services for them
- Provide clarity about the services that hospices offer
- Deal with the whole person and the complexity of their life
- Share knowledge and best practice in end of life care across the community
- Learn from other organisations about issues such as welfare benefits, health promotion, public health and similar.

**Key workforce implications that are likely to be important in this scenario:**

- Information provision
- Financial management skills, related to personalised budgets
- Strong marketing skills
- Technology skills, to share information and coordinate care.
I have been working in the health sector for over 30 years. I started as a nurse and do have a clinical background. This helps me with my credibility with patients and carers who I deal with on a daily basis.

I guess you could describe me as a facilitator, as an independent health care advisor. Basically, for a reasonable fee of £500 I guide people through the complexity of health care provision and what is available to them.

I started in 2017. The reforms we saw earlier in that decade really cleared the way for what I do. Basically there is no one in the system that doesn’t have some form of vested interest in the advice that they are giving. Even GPs want to refer you to their preferred supplier. I suppose they always have done, I saw that people might value a service that, although it required some upfront payment, is working for them on their behalf.

I can guide patients and their carers through the massive amount of information that is out there to help get the right form of support they and their families need. You want a hip operation? I can let you know who the best surgeons and teams that can offer that are. I can even advise you how you might be fast tracked. The same for heart related operations.

More recently, a growth area has been the advice I can give carers about who can best offer support for relatives with dementia. Where are the best places for them to be cared for? Do they want somewhere near the rest of the family? What technology is out there that can help them stay at home for longer? I can also access information about which institutions have a positive friends and family score.

We can keep tabs on the budget that you have. And because of the complexity of the area we can help advise you where best to let the state pay and where best to put your own hand in your pocket. Let me be clear, the advice I give isn’t diagnostic, you’ll need to see your GP or specialist for that. But once you have ownership of a diagnosis, we can get to work with your interests at the heart of our business.
By working within the framework of the future scenarios, it is possible to identify some broad skills that will be needed by those working within hospice care in order to enable the service to deliver and prosper.

Below is a list of the skills required in most scenarios of the future, suggesting that they are key to focus on. There is a presumption that these skills would need to be underpinned by knowledge and understanding. Further details of each role are described throughout this section.

- Business Management skills
- Brokering/navigating skills
- Customer relationship skills
- Intermediate level skills
- Marketing skills
- Outreach skills
- Carer support skills
- IT related skills
- Technical skills
- Social care skills
- Management skills
- Educating skills
- Pre bereavement skills
- Specialist palliative care skills
- Shared backroom services

**Business management skills**

Business management skills will be needed in the future. Hospice care providers will need to prove the impact that they are having. In some cases they would need to look at ways to develop and attract income particularly with greater use of personal budgets. Hospice care providers will need a series of related entrepreneurial skills, including contract management and marketing skills. Contract management would be needed to highlight the positive work being undertaken by the hospices and also to manage existing work as well as win new contracts.

**Brokering/navigating skills**

A combination of the complexity of the health environment and higher demands from patients and carers will require brokerage navigator skills to help people through the system of health care. There is a need to be expert in understanding the full range of services available and the way in which these services are accessed and funded within the health system.

**Customer relationship skills**

Building lasting relationships with individuals, carers and organisations will be a key component of the future for hospices. These skills will be needed to manage how hospices interact with future patients, particularly in a more diversified service model. Such relationships would also be important should hospice care providers seek to relate to clients earlier in their journey of care and maintain a relationship with a patient and their carers over longer periods of time.

**The increased use of intermediate skills**

A greater volume of intermediate level skills is a possible prospect. Hospice care may well need a workforce with fewer highly specialised staff and more workers occupying the intermediary skills level providing high quality patient care under the supervision and direction of specialist colleagues. Those working at this level would be able to undertake the care plans outlined by professionals in the health and hospice sector. This would then free up professional level staff to concentrate on their specialist areas, which would result in a possible increase in efficiency and productivity.
Marketing skills

With individuals taking greater control over their health care either within a broadly planned health system or ‘purchasing’ through a more open market, hospice care providers will need to explore how they educate and inform people about the range of services that they offer. The need to promote the high quality care being delivered and their expertise in end of life care to other organisations is also important.

Outreach skills

Outreach skills will be important in the future in order to enable the hospice workforce to use their skills in new, non-traditional settings. These settings might be led by patient or carer demand and they may also develop through hospice care organisations sharing their skills across organisations.

Carer support skills

Supporting carers will continue to be an important part of the hospice offering. The existing ethos of hospices in treating the complexity of the whole person would also support the need to develop such skills. Carer support skills would be hands on and may also require the need to understand how to access appropriate services or benefits.

IT related skills

With technology permeating throughout the health sector, the hospice workforce of the future will need to be more confident in using technology. This includes:

- Skills to apply new technology – hospice care will need to explore how to apply innovative technologies and organise people to assist in their application. The need for strategic level IT skills to examine how we might exploit new technologies will also be important.
- Health informatics – the workforce of the future will need to understand how to access and use the wide range of data and information that will be available to make choices about the appropriateness of care and to help inform patient choice.
- Telehealth/telemedicine – technology could be used as an aid to monitor and guide the treatment of complex and long term conditions. There may be roles within the hospice sector that directly interface and interact with telehealth technology and its users. The workforce of the future needs to understand how this technology works, be able to offer guidance to patients on systems that might work for them and be able to convey what the benefits of these systems might be for patients and carers.

Technical skills

The hospice care workforce uses a large number of technical skills to assess, diagnose and treat patients; these skills are highly developed, usually through statutory training (normally at degree level or above). There is no doubt that such technical skills will remain of high importance to hospices in the future. The ‘mix’ of these skills however could change (see description of intermediary level skills). Technical skills that would be useful include:

- Diagnostic skills – the workforce of the future will still need to possess the skills to understand the cause and effect relationship between symptoms being exhibited by patients and their underlying cause.
- Assessment skills – the workforce of the future will still need to be able to take a range of clinical observations from a range of patients and use this as a basis to prioritise patient care.
Rehabilitation skills – the process of enabling patients to develop or regain functions that enable them to participate more fully in daily life will continue to be of importance in the future. The focus of rehabilitation could be the physical, psychological or social needs of the patient.

Public health skills – there is a need for the hospice workforce of the future to have a greater public health role. The role of the workforce of the future is to contribute to preventing disease, prolonging life and promoting health.

Social care skills
Because of the hospice care ethos of examining and treating the whole of the patient, social care skills feature prominently in hospices in the future. These skills will seek to enhance the quality of the patients’ lives. They are vital in enabling people to live independently in their own home, as well as advise and guide people on their options when they are no longer able to continue to live independently.

General caring skills
General caring skills encompass the large amount of tasks that are undertaken to bring comfort and wellbeing to people’s lives. At their heart, such skills are unlikely to change a great deal. But they will continue to be at the centre of hospice care.

Management skills
High quality management skills will continue to be required in hospice care in the future. These skills will form a key part in developing the business of hospices and maintaining high quality care. Management skills are utilised in the recruitment, development and deployment of the workforce in an appropriate way and link high quality management to better organisational performance.

Educator skills
The skills of educating and training the workforce both within hospice care and in other organisations will continue to be important. There are several areas where these skills will be needed, these include:

- Better links to universities and pre-registration training to ensure that high quality end of life care is built into the experience of the wider health sector in the future.
- Sourcing and providing high quality education and training for the existing hospice workforce.
- Sharing the experience of the hospice workforce in end of life care with other parts of the health sector. A ‘train the trainer’ approach was outlined by delegates.

Pre-bereavement support skills
There will be a need to provide support to the patient and the wider family affected by life limiting and terminal illness. The aim of pre-bereavement activities is to meet the emotional needs of the wider family through a range of support, advice and practical activities in the time before bereavement.

Specialist palliative care skills
Hospice care will continue to be delivered by an expert workforce, including staff with specialist palliative care skills. These are important in responding to complex needs on the part of users, in the education of others in end of life care and in the design, review and improvement of services.

Shared backroom services including HR functions
Although not a specific skill in itself the idea of shared backroom services is a key aspect to consider. This ties in well with the collaborative working between hospices and other community based organisations as a way for organisations to potentially save money or invest more money on patient care and support.
The development of generic skills

Underpinning the majority of working practices is a layer of more generic skills. These skills are essential to maintain, and develop where necessary, in the hospice care workforce of the future. Every role will need these skills.

Team working skills

Such skills are likely to be in greater demand in the hospice sector in 2022 as employees need to work across multidisciplinary teams. The presence of multidisciplinary teams in the community setting is likely to increase and will more commonly incorporate professions not traditionally seen in health or hospice environments, for instance social workers.

Communication skills

The future is likely to require hospice employees to build on their communication skills. Many approaches will be developed in utilising web-based communication and technology to assist patients to stay well in their own homes and reduce hospital admissions. This will require clinical staff to draw together an array of data and clinical indicators to identify accurately and quickly when clinical intervention may be necessary.

The sector will also need to be further engaged in using web-based communication to help those who are hard to reach due to issues such as rurality or chronic ill health.

New communication skills will be needed to identify, and in some instances support or facilitate, virtual support networks for those with rare or complex conditions.

Empowering and customer service skills

There will be a general need to improve customer service skills across the sector to keep up with consumer expectations.

This will require a greater focus on understanding the needs of individual patients and increased empathy skills from those within the sector. The skills will need to be utilised in ensuring that all basic care needs are met for all patients. There will also need to be an enhancement in the giving of complex information and ensuring that this is understood by the patient.

Problem solving skills

These skills will continue to require enhancement for a wide range of occupations and may even result in some unique roles being developed. They inevitably continue to be required in respect of clinical skills and diagnostics but there may be an increased emphasis on the use of technology to support diagnosis.

Problem solving skills will be required to help consumers deal with the complexity that plurality of provision may bring, helping people to navigate through this new ‘eco system’ in order to get the service they want.
What roles will be required in the future?

Working within the framework of future scenarios, and identifying relevant skills that will be needed in 10–15 years time, enables us to draw conclusive ideas about the actual roles that will be needed. Some of these roles exist in hospice care now, and some are new and need to be developed. The following roles are identified as important in all three scenarios of the future, making them a top priority for hospice care.

Priority roles for the future
- Business development manager
- IT technician
- Specialist practitioner
- Educator
- Associate health practitioner/enablement worker
- Strategic leader
- Evaluator/monitor
- Care navigator
- Social carer

Business development manager

Plurality of provision is a feature that of each of the scenarios presented. This role would largely be concerned with the development of the hospice as a business. It would be about making sure a hospice organisation is undertaking matters in a business like fashion. This role will continually be looking at potential new opportunities to develop and expand the services. It will seek to develop effective partnerships with other organisations. A key feature of this role is leading on competitive tendering and winning the right to work in new areas. They will have information and data analysis as part of their skillset.

There is also likely to be a greater call for ‘social entrepreneurship’ within the health and hospice sector. This encapsulates the growing requirement of those in public or voluntary employment to be constantly seeking ways of exploiting new opportunities to improve health care outside the profit motive.

This role would require continued and strong relationships with the strategic leader role.

IT technician

The significant role of IT in the hospice sector will demand this type of role. There is huge potential for IT to reshape the way that services are delivered across the hospice sector. The majority of roles will have to understand how to operate basic IT systems. This implies increased levels in many of the related functional, and key, skills in IT.

Data handling skills with respect to issues of confidentiality and security will grow in importance. This role will need to keep accurate records of patients and the care they receive. There is likely to be a debate in the sector about which roles should be using and processing patient information.

A range of potential developments for health professionals and clinicians to work with IT technicians will appear. There will therefore be a need to collaborate with professionals in order to develop high quality outcomes. They are likely to require an understanding of remote diagnostics.

The exponential rise in medical knowledge means that professionals will need to make much greater use of information technology to support clinical decision making. Professionals need to be expert knowledge managers and navigators.
Specialist practitioner

The specialist practitioner role is a phrase used to describe the extension of skills and roles of a range of professions. These roles seek to extend the existing professional knowledge and skills of the registered clinical workforce.

This role would require a range of skills including: advance care planning, communication skills and monitoring or managing individual care. They would be able to manage and coordinate others. Their skills would move beyond end of life care to include health prevention, education and wellbeing for a range of patients with life limiting conditions. Successful development of these roles will enable these highly trained individuals to undertake activities that have traditionally been the sole responsibility of doctors.

Educator

This role is important to find ways of educating and communicating a wide range of knowledge and information to inform the attitude and behaviours of the workforce and the public. The specifications are broad and cover a range of target groups, including the wider public as well as service providers.

This role is key in the development of ‘hub and spoke’ hospice delivery models. The educator would facilitate the sharing of best practice in end of life care across partner organisations.

Some key aspects of the future would benefit from this role, especially the move towards a community focus for healthcare and hospice care. There is also a strong possibility that hospices will need to become specialists in providing end of life care education and training as part of their business model.

Associate practitioner/enablement worker

These roles are likely to have a great deal of patient contact providing high quality end of life care. They may work in multidisciplinary teams and advise on the management of symptoms within a framework under the supervision and direction of more highly skilled and qualified practitioners.

The higher level of training will mean that they are able to undertake activities that could include diagnostic procedures, providing care under the indirect supervision of more senior staff, discharge of patients and follow up plans. They can also undertake record keeping and could be involved in the supervision of general carers or social carers. The role titles are general terms that describe a series of roles that could work across a broad range of areas.

Strategic leader

High quality strategic leadership will be important in the future. These leaders would operate at a highly strategic level. A key skill would be their ability to understand the political context within which the organisations operate.

They need to be able to undertake a gap analysis of where the organisation is and where it needs to be. They will need to have personal qualities such as authenticity and strength of character to challenge the status quo of hospice care with innovative changes. They will also need to be resilient in order to push through potentially unpopular initiatives.

These leaders may have different foci depending on the specifics of how the future unfolds; these could range from pushing for scale effectiveness and outcomes, to emphasis on engagement or partnerships. Most importantly, they need to think innovatively about the services being delivered and the way in which hospices operate within their communities.
**Evaluator/Monitor**

This role will be essential in establishing measures to help focus on outcomes of hospice care. The role would take the patient perspective and monitor the services on behalf of users. The information generated by this role would also assist in guiding commissioners and patients about the quality of care on offer.

The role would need to have knowledge and understanding of health and hospice care but may not necessarily be a clinician. They would need to understand how to measure impact. A level of numeracy would be required as well as an ability to understand a broad range of metrics.

These competences could also have application in a wider range of occupations. The need to prove a positive impact on patient care is important to a wide range of professionals in the hospice sector, as well as those who assist in the running of organisations and commissioning of services.

Undoubtedly in the future, hospice care will need to focus on the measurement of performance. It will also be necessary to provide high quality information and intelligence to help people make purchasing decisions. This makes this particular role key.

**Care navigator**

The growth of a care navigator role is driven by the increasing complexity and interlinking natures of institutions in the health sector. There is also growing demand from customers who wish to seek out the best centres for health care, and government policy which continues to stress the importance of choice.

Looking at the future suggests the development of a navigation skill set. This might be incorporated in existing occupations, or could lead to the development of a specific occupation, described here as a ‘care navigator’.

Part advocate, part information organiser and broker, this role would act as an enabler, assisting clients, especially vulnerable people, through the increasingly joined up systems of health, social care, education and housing. It is possible that in the future, there will be both standard versions of this role, and premium ones.

The care navigator may have a clinical background, but knowledge of how the systems work and ability to analyse data and intelligence is key. They will also need to possess problem solving skills and be able to communicate to their clients.

There are early signs that such navigator roles are becoming more popular in the health sector and could therefore be of use to the hospice sector. Such a navigator role has emerged in the area of mental health where there is a much greater history of reciprocity between the carer and the cared for.

**Social carer**

All projections of the future support this role being important. Health and hospice care will increasingly be pushed towards the community and people will be cared for more at home. The role ensures the care plan is undertaken by the patient in the community and also provides another route for the patients to feed their concerns into the system. This role is therefore diverse. It could be seen as a role that could work amongst people with long term or life limiting conditions and act as an important link. It straddles health, social care and education. As it has a community worker aspect it works closely with the community. This role would not often be found in acute settings or hospitals.

People in this role would need to excel in communication and relationship building as well as helping solve day to day issues on behalf of the patients they serve.
Further roles for consideration in the future

In addition to the roles previously mentioned, which are seen as priorities for development and refinement, there is a selection of other roles which are considered important for the future. They are not explored in detail here, but they are listed below:

- Network and friendship creator
- Innovator
- Ethicist
- Diagnostic assessment expert
- Collaborator/broker
Reflections and recommendations from Skills for Health

Reflecting on the wider world of health care

Skills for Health has conducted a range of analysis of the development of skills and roles in the whole of the health sector. The debate that representatives from hospices engaged in during the workshop on 30 April echo the broader debates taking place in the wider health sector. With all the drivers for change pointing towards increased volume and complexity of demand in the context of static or reduced funding, there is recognition that many of the institutions will need to undergo significant changes and so will the roles and skills of those working in the sector.

The diagram below from Jennings, Millar and Materma (1997) provides a useful illustration of how the health sector may need to shift its focus in the coming years. Essentially it illustrates a shift from health care being delivered in a model that best suits top down command and control to one which is more at ease with ‘bottom up’ or co-creation of activities.

During the shift towards ‘information age’ health care, the abilities of individuals and networks come to the forefront of caring. And, for instance, professionals in this diagram are more concerned with facilitating and partnering.

This shift in the models of health care delivery is being driven by a range of factors including those outlined in Rehearsing Uncertain Futures 2. These scenarios have outlined a range of potential changes for the sector. In its Skills Assessment of 2012, Skills for Health outlined broader shifts in how health care may be delivered in the future.

These include:
- The likelihood of a concerted push towards community-based care
- Shift from hospitals being the focus and ‘pinnacle’ of health care, towards communities and homes

(2) ‘Rehearsing Uncertain Futures 2’ is the document which underpins the scenario planning tool used to create this report. Visit www.skillsforhealth.org.uk for more details
Some focus on fewer large centres of excellence within the UK

An effort to achieve greater articulation and integration of services and workforces traditionally separated between health and social care

Greater proliferation of ‘non-traditional’ ways of providing health services

A movement towards personalisation and self-care alongside greater prevention and care delivered outside traditional health care setting.

In many cases, health care is, and will continue to be supported by family and friends. Such care will also be facilitated by high-quality and well-developed advice and guidance.

The development of high-quality and safe specialist care will continue to be a focus of the health sector.

Services currently provided in acute hospitals will be increasingly unbundled.

These general debates are echoed within the hospice sector, as can be seen throughout this report. Therefore the hospice movement can be seen as moving in concert with the broader debates around the future of health care delivery.

**Recommendations for the future of hospice care**

The workshop on 30 April provided a great deal of in depth intelligence about potential roles and skills to help the hospice sector thrive in the future.

The recommendations have been separated out into the different audiences they relate to.

**Recommendations for hospice care providers**

1. Benefit from best practice in role redesign both within and beyond the hospice sector

   Hospice care providers should collaborate to take advantage of best practice already being undertaken throughout the sector in role design and development. Roles currently being worked on with Skills for Health in the hospice sector include:

   - Community based therapy support worker
   - Integrated health and social care support worker
   - Advanced nurse practitioner

   Role development and design is being undertaken throughout the wider health sector. Many of these will be directly relevant to the challenges confronting the hospice sector and focus on community related care as well as dementia.

   Skills for Health are developing a series of virtual networks that support individuals working across the health sector to share best practice and access workforce development information. The development of such a network for the hospice sector could assist in the development of our thinking about workforce planning or indeed a wider range of workforce development issues.

2. Developing workforce plans with scenarios

   The outputs from this scenario application exercise can also be used as a tool to assist in the development of workforce plans. The workforce plans could be checked to see if the types of roles and skills detailed in this report are present. If not, it would be appropriate to ask whether the plans to redress this are sufficiently robust. This ‘future proofing’ may help hospices in the development of workforce plans.
Hospice care providers could also apply the scenario application methodology also known as ‘wind-tunnelling’ to their workforce plans. The plans could be exposed to each of the scenarios, and judgements could be made about how they stand up in each. This is a potential area of development supported by colleagues within the hospice sector who are now familiar with scenarios.

**Recommendations for national organisations supporting hospice care:**

1. **Act to formulate and develop roles in the sector**

During the workshop on 30 April ‘first drafts’ of roles that would be needed in the future, for the hospice care sector were created. Skills for Health have also identified a small number of roles created in workshops with other health sector employers that would be of value to those in the hospice sector. These are;

- Evaluator monitor
- Associate health practitioner
- IT technician
- Specialist practitioners
- Strategic leaders
- Business development managers
- Educators
- Care navigator
- Social carers
- Administration and clerical

Further work is needed by national organisations supporting hospice care to explore in more detail the skills, knowledge and competences needed for each role. Further development of the roles in terms of their functions and where they would sit in organisations is also required.

This could build upon work being currently undertaken by Skills for Health to develop role templates for support workers. This could involve developing a broader suite of role templates to reflect the future needs of the hospice sector which would have the benefit of providing hospice care providers with a point of reference in new role design and implementation.

2. **Identify relevant training and development for hospices**

The findings of this research can also be used to help decide what types of training and development may be needed to best prepare hospice care providers for the future.

The sector could review and assess the training and development activities that are being undertaken in order to see if there are areas where collective action may be appropriate. Such a process may also highlight where good practice exists in the sector and this could in turn be shared.

Where there is a collective need for training and development, the hospice care sector might also be able to purchase collectively. This should be led through national membership organisations such as Help the Hospices.

The National Skills Academy (NSA) for the health sector is one such organisation that could offer a collective deal for training and development for hospices. The NSA is an organisation that works to ensure high quality development for the support workforce and sustained investment in their skills and training. The vision is to create a skilled, qualified, and transferable support workforce made up of competent, motivated individuals who are rightfully recognised across the entire healthcare sector for the critical contribution they make to patient care and wellbeing. We recommend that membership organisations such as Help the Hospices create a relationship with NSA to follow this need for training and development through.
3. Embed future thinking

The future is continually unfolding and, as we have seen, highly unpredictable. Over the coming years there are likely to be ongoing shifts in what the future might have to offer. Organisations need to be continually re-evaluating that they are offering services in a way that is fit for the future.

We recommend that national organisations supporting hospice care work with hospices to establish a group who will maintain a watch on trends and scan the horizon for possible future changes in the sector. It is advised that this group could return to scenarios every three years to refresh their views of possible future trends. Other useful ways of thinking about the future could also form the remit of this group such as the use of projections.

The positive participation in the events undertaken as part of this project indicate that such a group for hospice care is likely to be successful.
## Appendix 1: Delegates at the workshop on 30 April

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Hospice</th>
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<tbody>
<tr>
<td>Heather Aldridge</td>
<td>Project Manager</td>
<td>Sue Ryder</td>
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<tr>
<td>Andy Burt</td>
<td>Director of Adult Nursing</td>
<td>St Barnabas</td>
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<tr>
<td>Simon Chapman</td>
<td>Director of Policy</td>
<td>NCPC</td>
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<tr>
<td>Janet Ferguson</td>
<td>Chief Executive</td>
<td>Eden Valley Hospice</td>
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<tr>
<td>Gail Wilson</td>
<td>Head of Education</td>
<td>St Luke’s Hospice</td>
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<tr>
<td>Tracy Livingston</td>
<td>Director of Nursing and Patient Services</td>
<td>Nightingale House Hospice</td>
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<tr>
<td>Rachel McCarty</td>
<td>Director of Care</td>
<td>North Devon Hospice</td>
</tr>
<tr>
<td>Gillian Dickinson</td>
<td>Workforce Development</td>
<td>Together for Short Lives</td>
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<tr>
<td>Rebecca Jennings</td>
<td>Therapies Manager</td>
<td>St Joseph's Hospice</td>
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<tr>
<td>Helen Scamell</td>
<td>Personnel Advisor</td>
<td>Dorothy House Hospice Care</td>
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<tr>
<td>Liz Edwards</td>
<td>Director of HR</td>
<td>St Joseph's Hospice</td>
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<tr>
<td>Ruth Sheridan</td>
<td>Head of Supportive Care</td>
<td>St Joseph's Hospice</td>
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<tr>
<td>Helen Bennett</td>
<td>Head of HR</td>
<td>St Joseph's Hospice</td>
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<tr>
<td>Tarcia Abreu</td>
<td>HR Assistant</td>
<td>Pilgrim's Hospice</td>
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<tr>
<td>Phillip Ball</td>
<td>Palliative Care Services Manager</td>
<td>Richard House</td>
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<tr>
<td>Richard Stanfield</td>
<td>Head of Education</td>
<td>Sue Ryder – Thorpe Hall</td>
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<tr>
<td>Debbie Ho</td>
<td>Patient Services Director</td>
<td>St Richard’s</td>
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<tr>
<td>Marie Cooper</td>
<td>Project Manager</td>
<td>Prospect Hospice</td>
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<tr>
<td>Sarah Whitfield</td>
<td>Commissioner</td>
<td>Dorothy House Hospice Care</td>
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<td>Helen de Renzie-Brett</td>
<td>Head of Education</td>
<td>St Christopher’s Hospice</td>
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<td>Penny Hansford</td>
<td>Director of Nursing</td>
<td>St Leonards Hospice</td>
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<tr>
<td>Emma Johnson</td>
<td>Director of Clinical Services</td>
<td>Isabel Hospice</td>
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<td>Dee Traue</td>
<td>Medical Director</td>
<td>Willen Hospice</td>
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<tr>
<td>Mandy Jarrad</td>
<td>Senior Nurse Manager</td>
<td>Prospect Hospice</td>
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<td>Yvonne Hanley</td>
<td>Head of HR</td>
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<tr>
<td>Sally Garbett</td>
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<td>Liz Bryant</td>
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<td>Libby Sallnow</td>
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Skills for Health is a not for profit organisation, registered as a charity in the UK with a mission to provide health care organisations with practical solutions in workforce design.

Skills for Health is the Sector Skills Council for the UK Health sector covering the NHS, independent and voluntary employers, regulated and recognised for excellence in that function by the UK Commission for Employment and Skills and the Department for Business, Innovation and Skills.

Since 2009, Skills for Health has been conducting a range of future orientated intelligence development exercises working collaboratively with expert commentators and employers across the health and social care sector. Skills for Health’s first scenarios for the health sector became available in 2010.

The decision was made to refresh the scenarios in 2012 to take account of the wide range of changes occurring in the sector. These scenarios are now available in Skills for Health Rehearsing Uncertain Futures 2.

The Commission is very grateful to Allianz for supporting this publication

Allianz and Help the Hospices have been working together since 2009. Their unique partnership has raised over £600,000 for local hospices across the UK. 20 offices are twinned with hospices within a ten mile radius, giving employees the chance to fundraise and volunteer in the communities in which they live and work.

Allianz is one of the largest general insurers in the UK and part of the Allianz SE Group. Allianz offers a range of commercial insurance and personal lines products for sole traders, large commercial organisations and individuals. It employs over 40000 people across the UK.
Help the hospices is the charity for hospice care representing local hospices across the UK and supporting the development of hospice and palliative care worldwide.