

Simulation – HEE, The Five Year Forward View and Beyond March 2018



Simulation Training

- Historical Context
- Drivers for creating simulation training
- Five Year FV
- The National Simulation Strategy

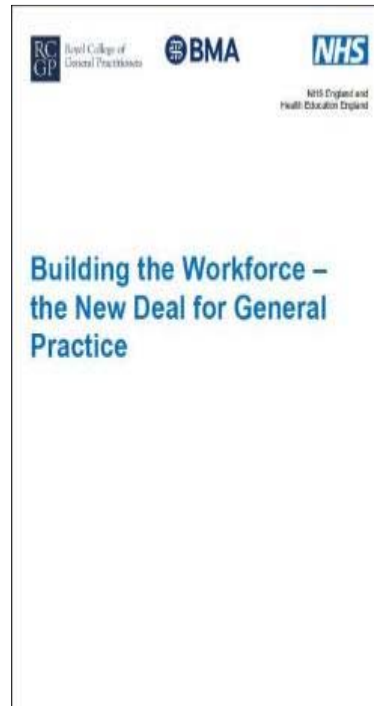
What has determined the need for development of simulation training?



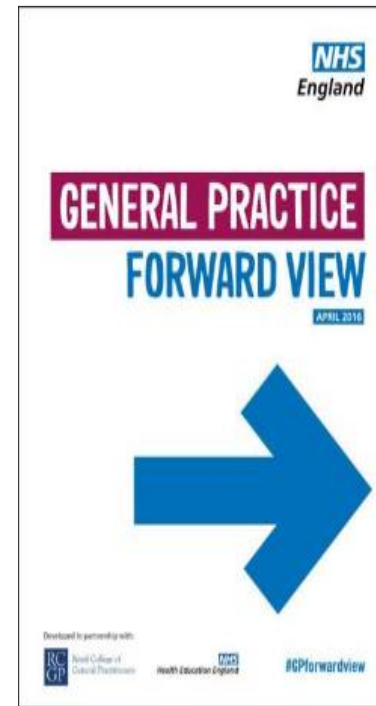
Context



Published October 2014



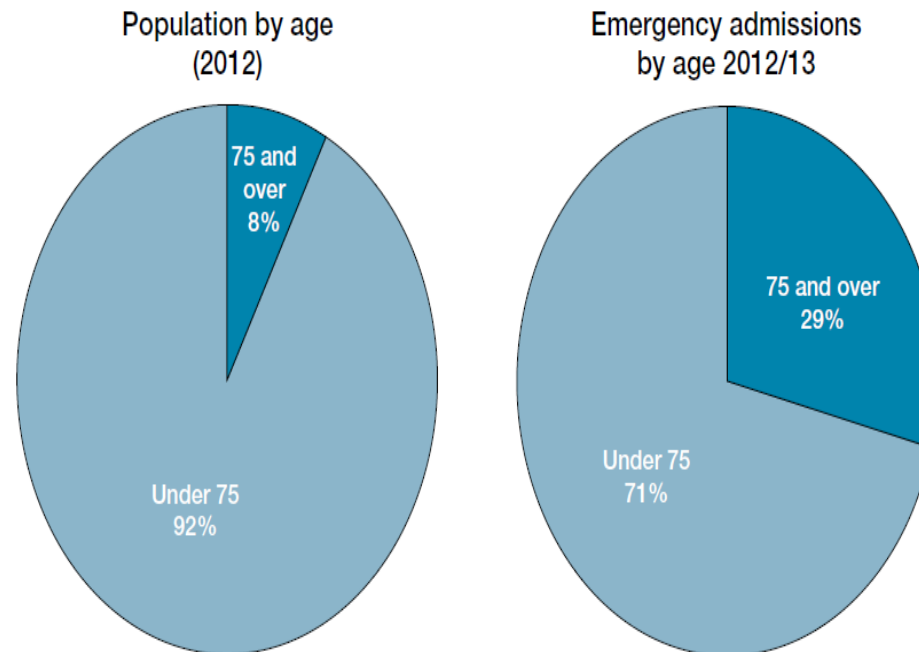
Published January 2015



Published April 2016

Drivers for Change: Increasing elderly population

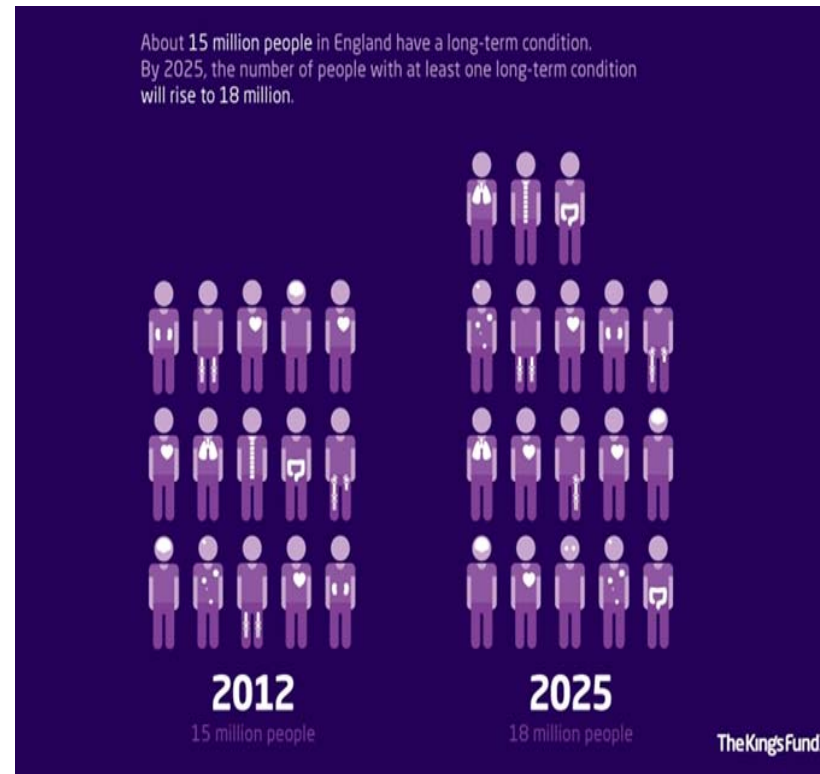
People aged 75 and over account for nearly 30% of all emergency admissions

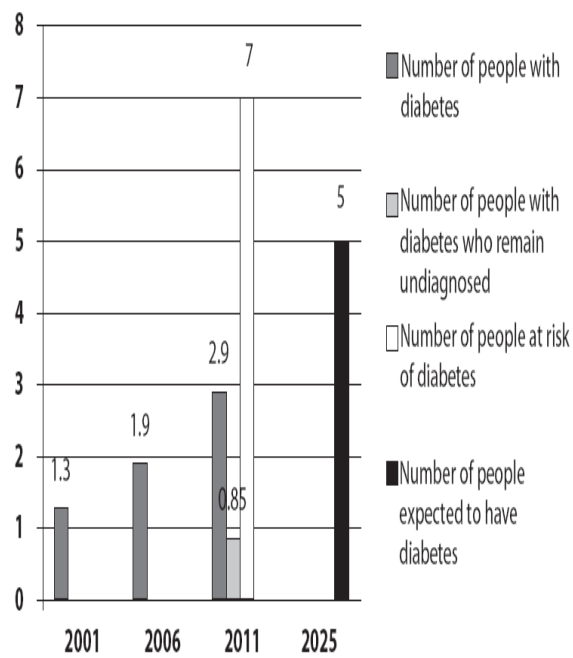


Source: Office of National Statistics (mid-2012 population) and Hospital Episode Statistics (2012/13 finished admission episodes by age).

- People aged over 75 will increase to 10% of the population by 2024
- People aged over 75 are five times more likely to have an emergency admission than the rest of the population

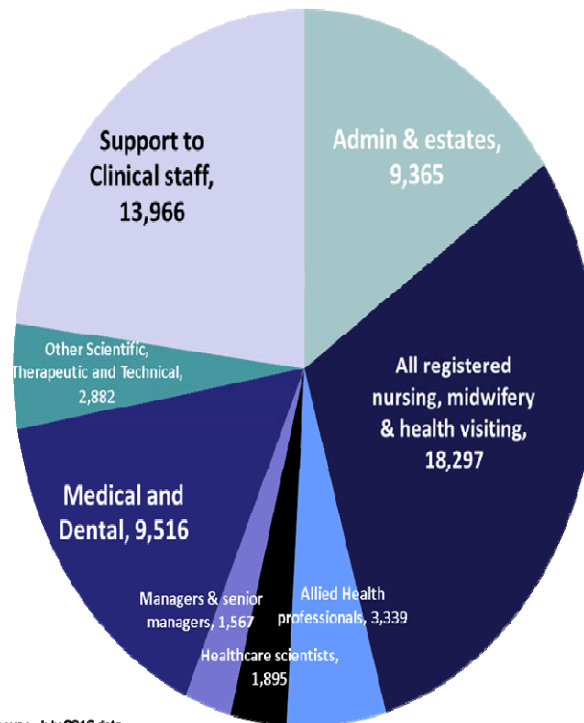
Drivers for Change: Long-term conditions and co-morbidity





UK Renal Registry Report	2004	2010	2014
Prev Popul	37848	50965	59000
% Diabet es	12.1	14.9	16.1
No Diabet es	4579	7593	9499

Expanding and supporting the community workforce



Sources: FSR Data Warehouse, July 2012 data
The Health and Social Care Information Centre, General and Personal Medical Services, September 2011

Constitutes of the network & stakeholders



Training Hubs supporting the community workforce

National Principles

1. **support for workforce planning and development** to respond to local needs and **enable the redesign of services** within primary care and the community to better support general practice
2. improve education capability and capacity in primary and community settings through the **development of multi-professional educators** and the **creation of additional learner placements**
3. improve education quality and governance and act as a **local coordinator of education and training** for primary and community **care to support general practice.**

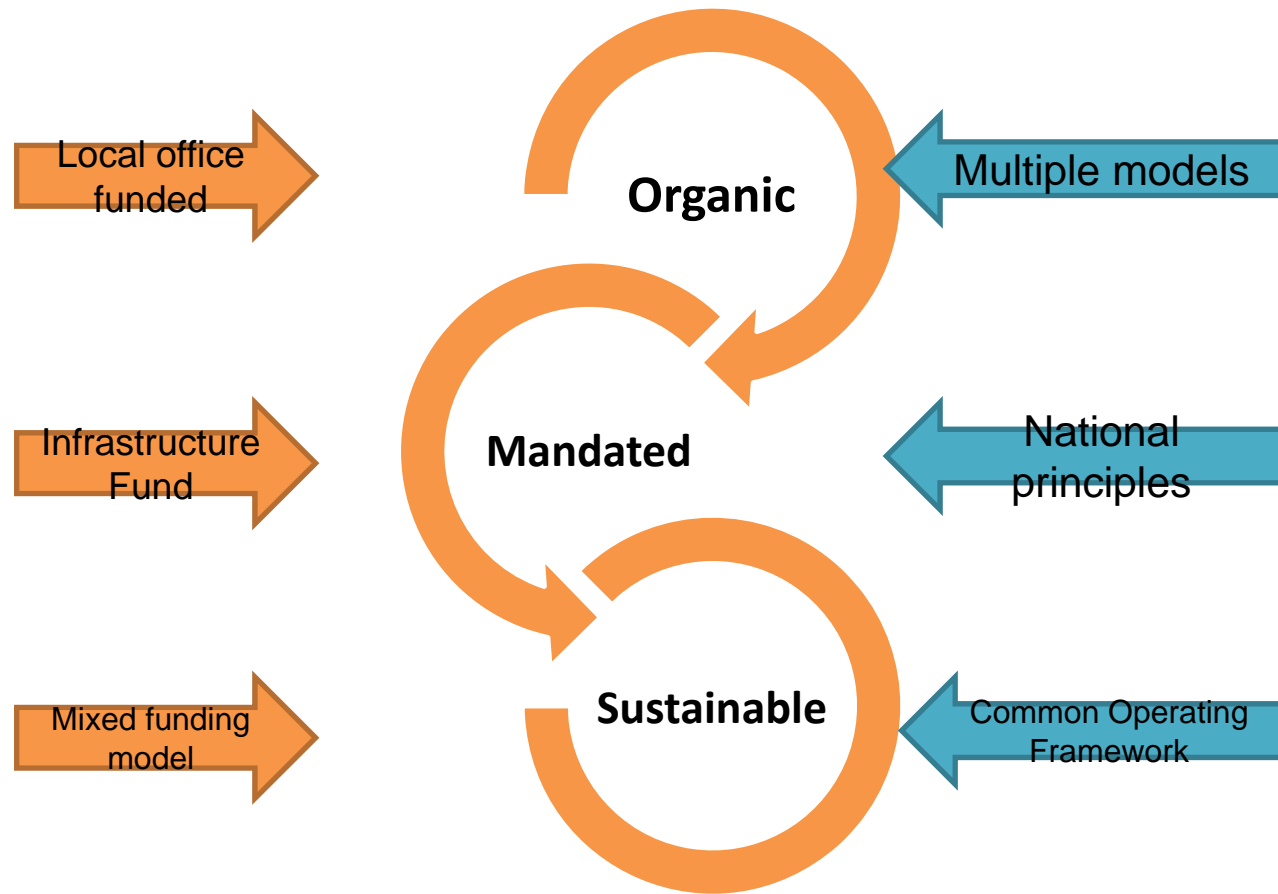
Nomenclature: Training Hubs, Advanced Training Practices (ATPs) and Community Education Provider Networks (CPENs), Enhanced Training Practices are used interchangeably to refer to training hubs activity.

Where is the support

- Who is responsible
- HEE
- NHSE
- CCG
- STP
- ICS
- ?



Training Hubs Operational Framework



Operating Framework



Guiding Principles

Guiding Principle	Area of HEE Quality Framework
Guiding Principle One (Reporting Mechanisms, Leadership and Governance) Task & Finish Group Lead: Professor Pramod Luthra.	Educational Governance and Leadership
Simulation-based education and its leadership is clearly defined and the appropriate governance model and processes are explicitly and transparently explained.	
Guiding Principle Two (Strategic Approach and Resource Allocation) Task & Finish Group Lead: James McLean	Educational Governance and Leadership Learning Environment and Culture
a. <i>Each local area's strategic approach is aligned with the SBE strategy - connecting to STPs and LWABs and there is consistency across the region</i>	
a. <i>Where possible, SBE is multi-professionally delivered and arrangements for resource allocation modelling are shared and understood.</i>	
Guiding Principle Three (Quality Assurance) Task & Finish Group Lead: Dr Makani Purva (ASPiH)	All
<i>Well trained healthcare professionals delivering high quality patient care through education providers that apply the agreed and unified HEE quality framework, together with relevant national SBE standards, in an ever-changing landscape.</i>	
Guiding Principle Four (Quality Outcomes: Workforce Development and to the Delivery of Safe, Effective Care) Task & Finish Group Lead: Professor Bryn Baxendale	Educational Governance and Leadership Supporting and Empowering Learners Developing a Sustainable Workforce
<i>SBE investment is aligned with the delivery and continuing improvement of high quality, safe, effective care and enhancing the learner experience.</i>	
Guiding Principle Five (Faculty Development) Task & Finish Group Lead: Mr Chris Munsch	Supporting and Empowering Educators Developing a Sustainable Workforce
a. <i>There is a clear and consistent approach to faculty development across all local areas.</i>	
a. <i>There are clear mechanisms for sharing best practice within faculty development and learning across the regions.</i>	

Simulation Empire!



HEE Simulation investment

- Via PGME funding
- Via Local Office funding

LEPs an untapped resource



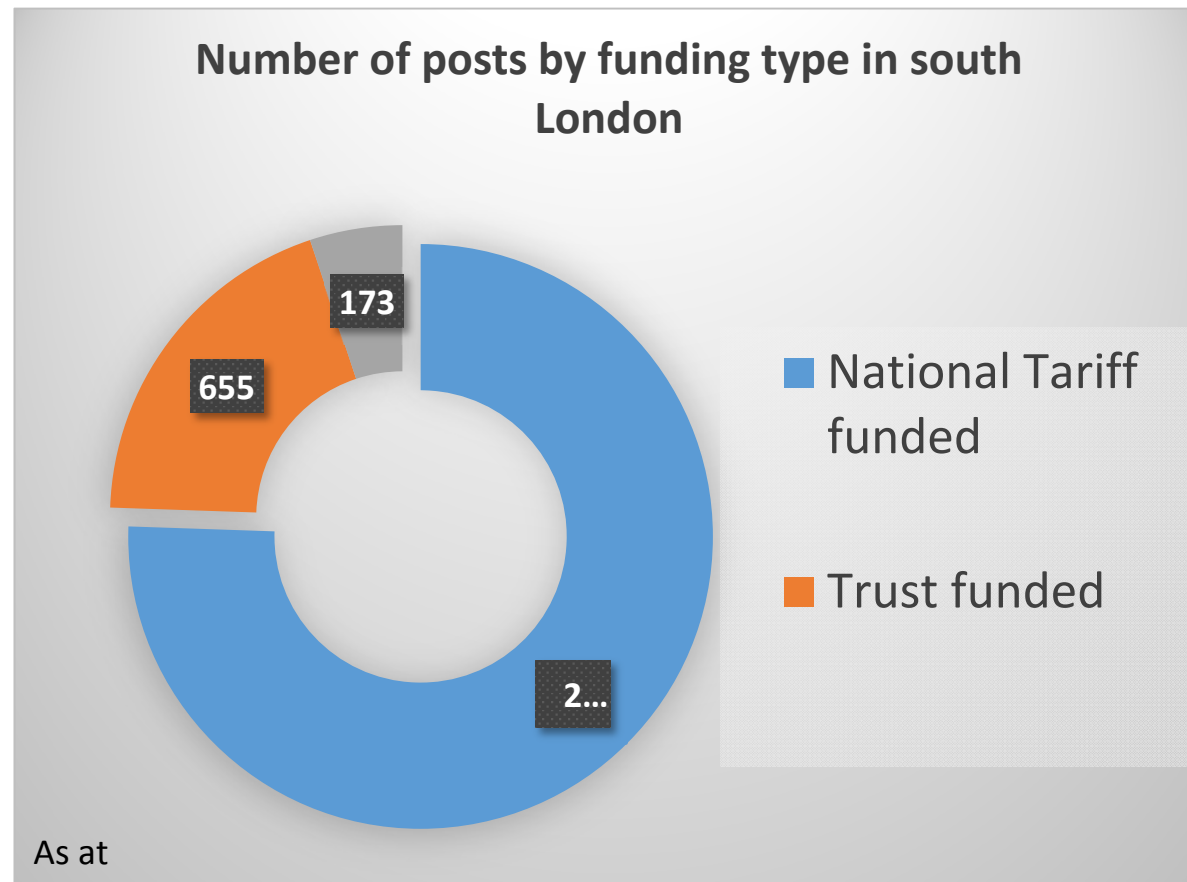
4. Local Education Providers

National Tariff = Salary + (Placement Fee x Market Forces

Salary	Varies by grade of training post (HEE funding = 50%)
Placement Fee	Flat rate of £12,152
MFF	An estimate of unavoidable cost differences between healthcare providers, based on their geographical location (In London ranges from 1.17 – 1.29)

Undergraduate Medical Tariff for clinical placements
= £33,286 x MFF

Postgraduate Medical Tariff



Placement Fee

Intended to support delivery of curricula, including in the following areas (*the list is not meant to be exhaustive and subject to change*):

- Access to study leave (£850 per post)
- Administrative support for postgraduate medical education
- Clinical medical education staff e.g. clinical tutors
- Programmed activities (PAs) to support educational supervisors
- Local course delivery - which may be part of a regional programme
- Provision of library services / resources and supporting IT access
- **Provision of simulation facilities to support the curricula**
- Faculty development

Postgraduate Medical Placement Fee

Average large teaching hospital

600 total postgraduate medical posts

100 Trust funded posts

500 national tariff posts

PG Tariff placement fee
total ($£12,152 \times 1.2$) =
 $£7,291,200$

350 undergraduate medical posts

UG Tariff placement fee
total ($£33,286 \times 1.2$) =
 $£13,980,120$

Based on MFF of average 1.2



Medical Placement
fee total
= $£21,271,320$

N.B. For ease local tariff posts not included

Postgraduate Medical Placement Fee

Average district general hospital

200 total postgraduate medical posts

50 Trust funded posts

150 national tariff posts

PG Tariff placement fee
total ($£12,152 \times 1.2$) =
£2,187,360

50 undergraduate medical posts

UG Tariff placement fee
total ($£33,286 \times 1.2$) =
£1,997,160

Based on MFF of average 1.2



Medical Placement
fee total
= £4,184,520

N.B. For ease local tariff posts not included

**GET A
GRIP**

The image features the text "GET A GRIP" in a bold, black, sans-serif font, arranged in two lines. Two realistic, brown-skinned hands are shown gripping the letters. The left hand is positioned behind the first 'G' of the top line and the first 'G' of the bottom line. The right hand is positioned behind the 'A' of the top line and the 'P' of the bottom line. The hands are shown from the side, with fingers wrapped around the letters, suggesting a firm grip. The background is plain white.

