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[www.modern.nhs.uk](http://www.modern.nhs.uk)

**Acknowledgements:**

The development of this Improvement Leaders' Guide has been a truly collaborative process. We would like to thank everyone who has contributed by sharing his or her experiences, knowledge and case studies.

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Improvement Leaders' Guide to  
Redesigning roles



## Foreword

### Welcome to the third series of the Improvement Leaders' Guides.

It is over a year now since series 1 and 2 were published and I am pleased to say they are really popular. Over 75,000 sets have been requested and distributed and the feedback has been excellent.

"Your guides are great - thank you to those who produced them!"  
GP, Sheffield

"These guides are so good that someone has walked off with my copy."  
PCT Manager, Hampshire

"The Improvement Leaders' Guides are a fantastic resource!"  
Pharmacist, Oxford

The Improvement Leaders' Guides are designed for Improvement Leaders at every level in health and social care, on the frontline just as much as in the boardroom. They contain advice and information on improvement tools, techniques and skills that have been used and found invaluable by clinical teams. The Improvement Leaders' Guides are written so that they are useful for everyone, in any role or profession, in any part of the care journey.

The titles in this series have been developed in response to your requests. They are about working with **groups**, building and nurturing a **culture** for improvement, working in **systems** and redesigning **roles**. These four new Improvement Leaders' Guides, along with series 1 and 2, are just one part of our work to build a discipline of improvement in health and social care - so that every single person is capable, enabled and encouraged to improve their part of the service.

'Pick and mix' the ideas in this and the other guides however you want, in whatever way is right for you, your colleagues, your organisation and, most importantly, the people who need your skills and care.

David Fillingham,  
Director NHS Modernisation Agency

Please complete this short questionnaire and return to:

Improvement Leaders' Guides  
 Innovation and Knowledge Group  
 NHS Modernisation Agency  
 St John's House  
 East Street  
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 LE1 6NB

Please tick the one box that applies to each guide

Improvement Leaders' Guide to:	I do not have this guide	I have it but have not read it	I have read it but have never used the advice	I have read it and used the advice a few times	I have read it and used the advice many times
<b>Series 1</b>					
Process mapping, analysis and redesign					
Measurement for improvement					
Matching capacity and demand					
<b>Series 2</b>					
Managing the human dimensions of change					
Involving patients and carers					
Spread and sustainability					
Setting up a collaborative programme					
<b>Series 3</b>					
Working with groups					
Building and nurturing a culture of improvement					
Working in systems					
Redesigning roles					

Collectively the Improvement Leaders' Guides form a set of principles for creating the best conditions for improvement in health and social care. The greatest benefit will be achieved when they are used to support a programme of training in improvement techniques. Use this guide with the others. They are intended to be complementary and will each give you a range of ideas, tools and techniques for improvement.

Please make any additional comments about the Improvement Leaders' Guides

Role

Type of organisation (Hospital, GP surgery, PCT etc)

Contact email (optional)

## Improvement Leaders' Guides

### Where should I start?

The guides are not sequential and ideally you should read them all to be aware of the tools and techniques in all the guides.

### Each guide includes

- some background information on the topic
- some activities which you, as an Improvement Leader, may find useful to help the teams you work with understand the basic principles
- questions that are frequently asked about the topic
- guidance on where to go for more information

<p><b>Series 1: Improvement Leaders' Guide to...</b></p> <ul style="list-style-type: none"> <li>• Process mapping, analysis and redesign <a href="http://www.modern.nhs.uk/improvementguides/process">www.modern.nhs.uk/improvementguides/process</a></li> <li>• Measurement for improvement <a href="http://www.modern.nhs.uk/improvementguides/measurement">www.modern.nhs.uk/improvementguides/measurement</a></li> <li>• Matching capacity and demand <a href="http://www.modern.nhs.uk/improvementguides/capacity">www.modern.nhs.uk/improvementguides/capacity</a></li> </ul>
<p><b>Series 2: Improvement Leaders' Guide to...</b></p> <ul style="list-style-type: none"> <li>• Involving patients and carers <a href="http://www.modern.nhs.uk/improvementguides/patients">www.modern.nhs.uk/improvementguides/patients</a></li> <li>• Managing the human dimensions of change <a href="http://www.modern.nhs.uk/improvementguides/human">www.modern.nhs.uk/improvementguides/human</a></li> <li>• Sustainability and spread <a href="http://www.modern.nhs.uk/improvementguides/sustainability">www.modern.nhs.uk/improvementguides/sustainability</a></li> </ul>
<p><b>Available separately: Improvement Leaders' Guide to...</b></p> <ul style="list-style-type: none"> <li>• Setting up a collaborative programme <a href="http://www.modern.nhs.uk/improvementguides/collaborative">www.modern.nhs.uk/improvementguides/collaborative</a></li> </ul>

<p><b>Series 3: Improvement Leaders' Guide to...</b></p>	
<p>Working in systems <a href="http://www.modern.nhs.uk/improvementguides/systems">www.modern.nhs.uk/improvementguides/systems</a></p>	<p>None of us work in isolation. There are many people and organisations within and outside the NHS who contribute to patients' experience and care. If our goal is to improve the whole patient experience in this increasingly complex world, we need to work with all our partners to find ways to develop long term sustainable improvements.</p>
<p>Building and nurturing an improvement culture <a href="http://www.modern.nhs.uk/improvementguides/culture">www.modern.nhs.uk/improvementguides/culture</a></p>	<p>To talk about culture is to talk about how people go about their work and how they think and behave. A culture that supports improvement believes in putting the patient at the centre and in the power of human potential, innovation, learning, team working, communication and trust. This sort of culture in a team or organisation does not necessarily just happen: it needs to be nurtured and helped in order to develop.</p>
<p>Working with groups <a href="http://www.modern.nhs.uk/improvementguides/groups">www.modern.nhs.uk/improvementguides/groups</a></p>	<p>When you are asked to lead or facilitate an improvement group meeting there are so many questions; what should I do, who will be there, how do I involve everyone, what do we want out of our group meeting? This guide gives you some practical tips to help you prepare and ideas of what to do.</p>
<p>Redesigning roles <a href="http://www.modern.nhs.uk/improvementguides/roles">www.modern.nhs.uk/improvementguides/roles</a></p>	<p>Role redesign is about making services better for patients and staff. This guide will help you create a motivated and skilled workforce that works together to provide high quality care that is safe, effective, patient centred, timely and efficient.</p>

### A few additional thoughts:

#### The guides are based on current thinking and experience

Be aware that this is constantly changing. Check for the latest thinking on the NHS Modernisation Agency website [www.modern.nhs.uk](http://www.modern.nhs.uk)

#### Be aware of your own experience

If this field is totally new to you, plan how you can find out more through further reading or development courses. If you are more familiar with leading service improvements, can you share your experiences and knowledge with others in your healthcare community and the wider NHS?

#### Make contact with others who have improvement skills

Many people in healthcare have had training in the improvement skills contained in these guides. Their training will most likely have been for a particular service such as primary care, dermatology or cancer services. Make contact with them to form a community improvement network to support and learn from each other.

#### Try it for yourself

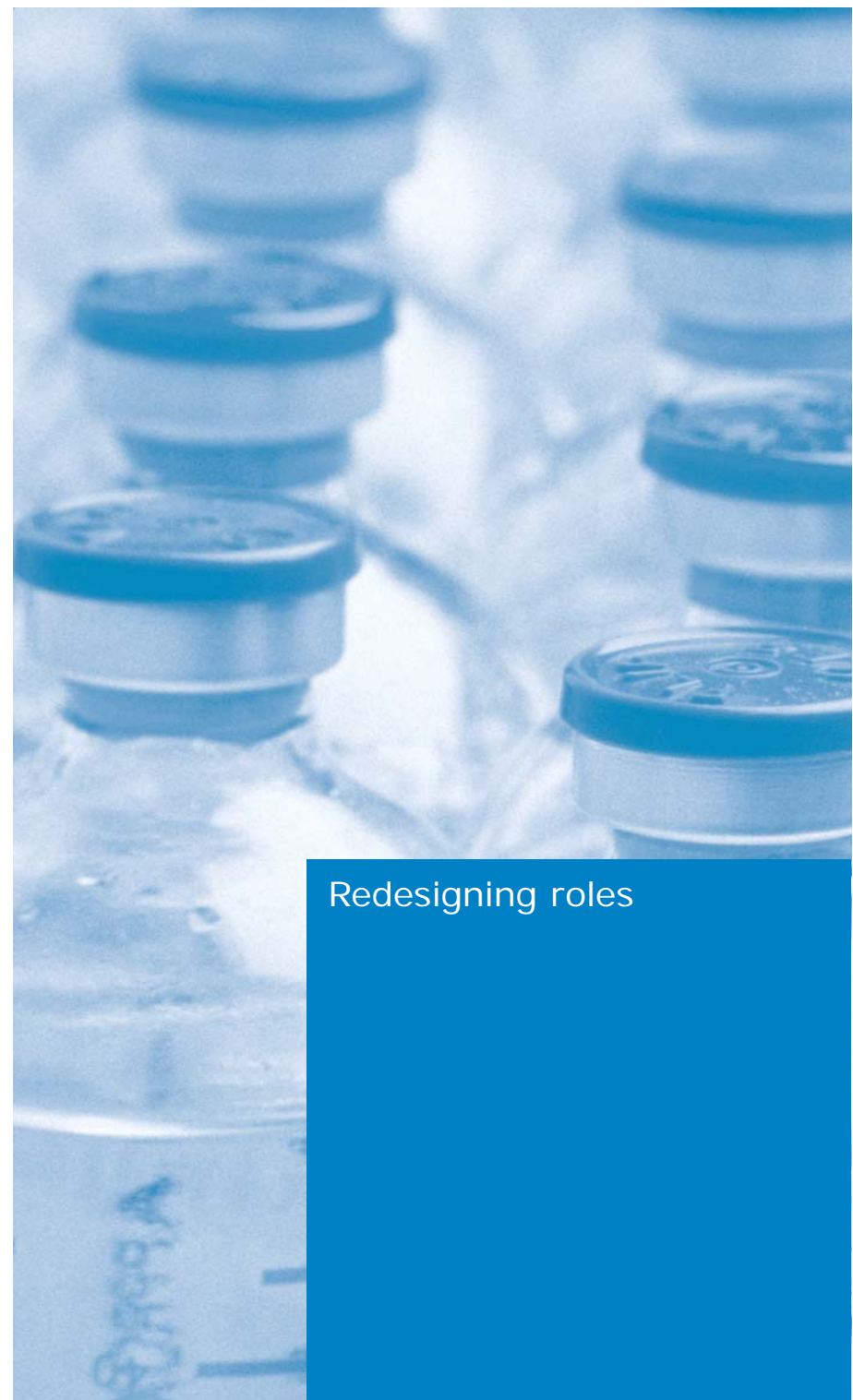
These guides don't represent the only way to do things, but they provide a good starting point. Create your own case studies and then share your experiences.

### Have fun

Many have said that leading an improvement project has been one of the most enjoyable and fulfilling roles of their careers!

### Let us know what you think of the guides

We want your comments and thoughts about the Improvement Leaders' Guides. Our aim is to keep improving them, so please let us know what you think by emailing us at [improvementguides@npat.nhs.uk](mailto:improvementguides@npat.nhs.uk)



Redesigning roles

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**"Susie looked after me on the ward and then I continued to see her after my discharge for my rehabilitation treatment. I think it's absolutely excellent."**

**Patient**

## 1. Introduction to role redesign

Begin by thinking about you and your colleagues and the way you work now. Do you feel that:

- you fully use all your training and skills?
- you give enough time to patient care?
- there are enough staff for you to give safe, timely and effective care?
- your roles are designed around patient needs?
- you and your colleagues use all the technology available?

If you have answered 'no' to any of these questions then perhaps you need to think about redesigning roles. Role redesign is about improving the care and experience of those who use our services but it can also make our jobs more satisfying, reduce vacancies, improve retention and provide career opportunities for everyone.

This guide is written for anyone involved in improvement, who feels that current roles are restrictive, hinder service improvements or don't recognise and use the abilities of staff. There are tips and advice for those inexperienced with this sort of improvement, as well as for those with responsibility for workforce planning, staff development and training, recruitment and retention.

This guide concentrates on redesigning roles, but we would recommend you read it along with the other Improvement Leaders' Guides. Here you will find lots more useful advice that will help you make changes that really are improvements.

We suggest that you....	You will find more useful advice in the Improvement Leaders' Guides to....
<ul style="list-style-type: none"> <li>• keep it patient focused</li> </ul>	<ul style="list-style-type: none"> <li>• Involving patients and carers</li> </ul>
<ul style="list-style-type: none"> <li>• work and involve people as individuals, in groups and teams</li> <li>• be creative and challenge the boundaries</li> </ul>	<ul style="list-style-type: none"> <li>• Managing the human dimensions of change</li> <li>• Building and nurturing an improvement culture</li> <li>• Working with groups</li> <li>• Setting up a collaborative programme</li> </ul>
<ul style="list-style-type: none"> <li>• give front line staff the time, tools and techniques</li> <li>• analyse processes and tackle the demand and capacity at bottlenecks</li> <li>• take small steps, test out ideas to make sure they are safe</li> <li>• measure and report your improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Process mapping, analysis and redesign</li> <li>• Matching capacity and demand</li> <li>• Measurement for improvement</li> </ul>
<ul style="list-style-type: none"> <li>• think about the wider system</li> <li>• make sure you have the support and advice of senior clinical and managerial colleagues in your organisation</li> <li>• ensure sustainability of your improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability and spread</li> <li>• Working in systems</li> </ul>

Find these other Improvement Leaders' Guides on [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides)

### 1.1 Some basic principles

Role redesign can be described in a variety of ways: job redesign, new ways of working, reallocation of tasks, workforce redesign and skill mix. They all mean very similar things - changing a role or the way work is done to make an improvement for the care and experience of the user.

Role redesign has a set of fundamental principles:

- the changes are based on the use of care systems, pathways and protocols
- any changes must ensure clarity, accountability and safety for the patient and staff
- close links are maintained with other relevant developments in human resources (HR)
- all role redesign takes account of the need for continuing personal and professional development and lifelong learning. Experience and training from one post should be recognised and accredited and used for development
- role redesign builds on the growing evidence and experience of good practice

For great ideas look at:

- the NHS Modernisation Agency website [www.modern.nhs.uk](http://www.modern.nhs.uk)
- the Department of Health Change Agent Team website [www.doh.go.uk/changeagentteam](http://www.doh.go.uk/changeagentteam)
- the Changing Workforce Programme (CWP) Working Differently Roles database [www.modern.nhs.uk/cwp](http://www.modern.nhs.uk/cwp)

### 1.2 What would be the benefits for my patients, my team and me?

There are real benefits for both patients and staff including:

- improved access to care, diagnosis or treatment
- quality care when the patient needs it
- reduction in waiting times
- management of an ever-increasing workload
- job satisfaction
- reduced vacancies and staff turnover
- career development
- a flexible, responsive workforce
- the chance to work with a range of different staff

Look at section 7.2 for more information about benefits.

Role redesign is not a way of getting staff to do more for less nor is it a cost cutting exercise. It is a response to the widening gap between service demand and delivery, which cannot be filled by simply recruiting more staff. Some of the delays in the system exist because working practices or patterns are out of date and no longer reflect what 21st century users require.

## 2. Think about your own team

In this guide we will be using the word **team** to mean both your team and supporting microsystem. Remember a team means more than just those you work with closely day to day.

You will begin to hear the term **microsystems** more and more. It basically means an extended team which includes not just the people you work with daily but also all the supporting processes and information that the team needs in order to do the work. A 'clinical' microsystem includes the patients as the users of your service.

Think about yourself and the people you work with. In particular, consider the following:

- who is in your team?
- what are the services you offer?
- when do you work and what do you do?
- how happy are the people in the team?

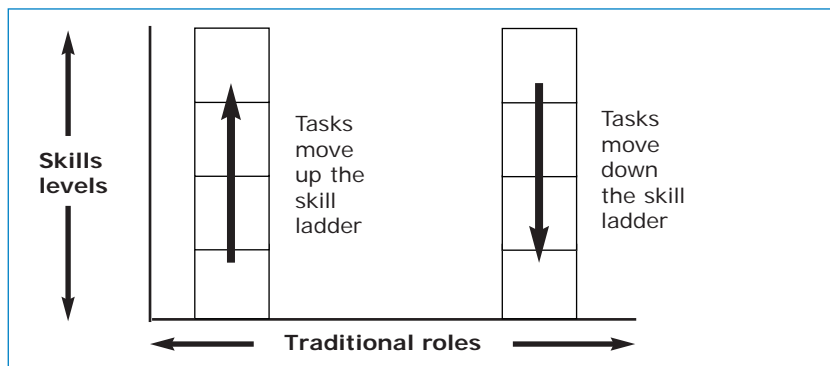
Look at the questions below for some simple clues to see if role redesign might help you and your colleagues. If you find yourself answering yes to any of the questions, then you may need to rethink some of your current job roles.

Think about your team	Yes	No
Are you and your colleagues so busy that you feel you cannot stop to think?		
Do you and your colleagues get bored with the same repetitive tasks?		
Are you and your colleagues keen to learn new skills to enable you to do more for patients?		
Do you and your colleagues spontaneously offer to help each other out?		
Are you and your colleagues asking to be given more dedicated time for patient care?		
Do you or your colleagues get frustrated because you could do more for patients but are prevented by the rules?		
Do some staff have time on their hands, yet others are very busy?		
Do patients complain about the number of different faces they see?		
Are medical staff spending more time on routine tasks than on handling more specialist areas?		
Do you feel that some of the services you provide can be provided elsewhere?		

### 3. How are redesigned roles different?

In role redesign individuals take on different tasks. Here are some examples you might find useful.

#### 3.1 Moving a task or individual up or down a traditional skills ladder



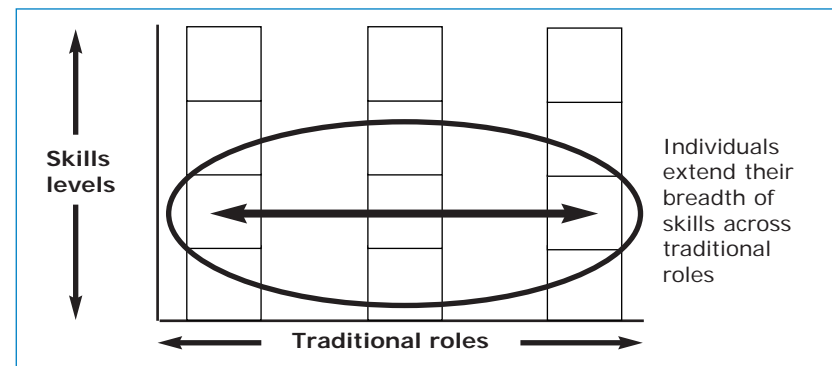
##### Example: Chronic Disease Practitioner (Respiratory)

The role was designed to enhance the liaison between primary care practitioners and the hospital-based respiratory team for the benefit of patients with chronic disease.

Responsibilities include managing a caseload of 30-40 chronic respiratory disease patients, reviewing patients on a referral basis, identifying a discharge date in conjunction with the multi-disciplinary team and monitoring patients on an individual outpatient basis through home visits, telephone consultations and appointments.

**Benefits:** During testing there was a 50% reduction in patient attendance to the accident and emergency department (A&E).

#### 3.2 Extending the breadth of a role



##### Example: Community Paramedic

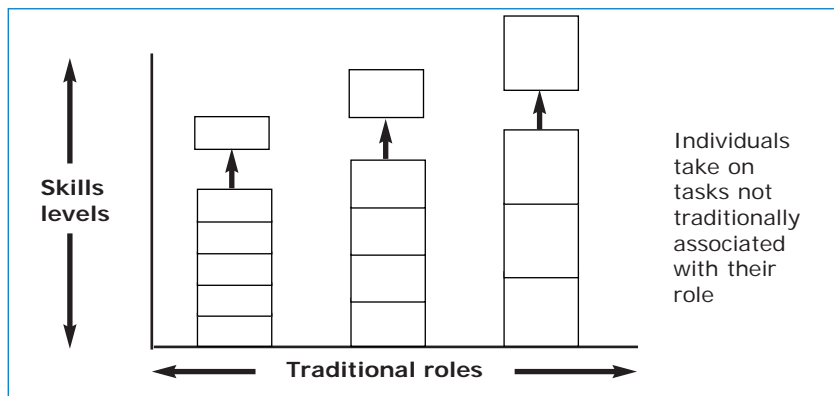
This role was devised by an ambulance service in the Midlands to improve patient access to emergency and unscheduled care. The community paramedic is based in a GP surgery, minor injury unit or walk-in centre.

They respond to emergency calls in the local area and carry out home visits on behalf of the GP. They assess patients who request a home visit, patients who have been recently discharged from hospital, patients who have been assessed as at risk and urgent referrals from other sources such as Social Services or NHS Direct. The community paramedic treats patients when appropriate or refers them onto other areas.

**Benefits:** During testing of this new role, the response time of the community paramedic was 7 minutes, compared with a response time of 17 minutes for the ambulance. Also, over the six-month test period, the community paramedic carried out 90 home visits on behalf of the GP, with a response time of 37 minutes, where the estimated response time for a GP would have been over 3 hours.



### 3.3 Increasing the depth of a role



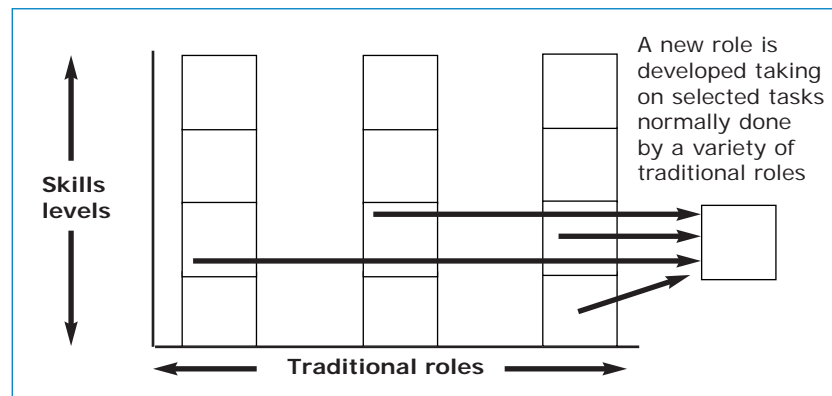
#### Example : Diabetes Care Technician

Heavy workloads resulted in considerable pressure on professional staff and delays for diabetic patients. The waiting time for routine clinic appointments was at least four months and at times it got very close to the 26 week limit. It was recognised that many of the tasks carried out by professionals during the review could be performed by a trained healthcare assistant, freeing up clinical time for more complex tasks, improving the quality of service for patients and reducing clinic delays.

Responsibilities include performing standard clinical assessment and the record keeping required for diabetes review, supporting others in delivering diabetes care and offering appropriate advice and basic education relating to diabetes management.

**Benefits:** It has been calculated that assigning these tasks to trained diabetes care technicians has freed up the equivalent of five extra clinic slots per session. In addition, the detection of fungal foot infections increased: technicians had a pick-up rate of 21% of patients compared to a rate of 5% for other staff at the clinic.

### 3.4 Developing new roles



#### Example: Majors Practitioner

This role works alongside senior house officers in A&E, assessing patients and initiating diagnostic tests and relevant treatments. The practitioner provides a clinical assessment and clinical care, and makes appropriate referrals to senior staff or specialist teams. This work is carried out under the supervision of the senior doctor on A&E.

**Benefits:** Following the introduction of this new role, more patients wait less than four hours in A&E and the number of patients waiting longer than 12 hours has decreased.

#### Some views of those involved in role redesign

*"The roles allow the patients to have a named person to take the lead and to liaise with them to organise their care. It makes it personal."*  
 Consultant Nurse

*"Now a lot of medical secretaries only answer the phone and type. The way they are proposing to change the role is going to make the job a lot more interesting."*  
 Medical Secretary

*"Our patients will be able to access emergency services in the same way as they would if they lived in town. At the moment they get a lesser service because of the distances involved."*  
 General Practitioner

*"New ways of working will give people more rewarding jobs, but from an organisational point of view, perhaps more effective jobs as well."*  
 Chief Executive

## 4. Getting started

### 4.1 Think about your aim

Hopefully you are by now familiar with the model for improvement. It is described in detail in the Improvement Leaders' Guide to process mapping analysis and redesign. It encourages the setting of aims and measures before generating various change ideas and testing them using Plan, Do, Study, Act (PDSA) cycles. Being clear at the beginning about how the new role will be an improvement will really help in your business case (see section 7). The model for improvement is just as relevant in redesigning processes.

Your starting point for redesigning roles must be, '**What needs to improve?**' Start by being specific about what you are trying to accomplish and turn a problem into an aim.

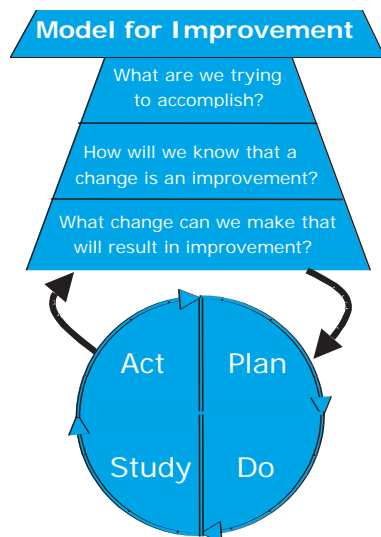
For example:

**Problem:** patients experience delays in getting their prescribed drugs to take home with them causing delays to their discharge.

**Aim:** to improve the speed with which patients receive their drugs for discharge, to reduce inconvenience for them and to free up beds sooner.

**Problem:** patients wait too long for X-rays.

**Aim:** to reduce delays caused by waiting for X-rays, to improve the patient experience and to prevent delayed admissions.



Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The improvement guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

### 4.2 Really understand what currently happens

#### Understand the cause of any problems

Use the problem analysis activity in section 9.1 to help you understand the root of the problem.

#### Learn more about your team and the work they do

You need to have a clear understanding of the amount of time staff are in the clinical setting providing direct patient care. So ask: Who is in your team? When do you all work? What are the services you offer? Think carefully about your team and the current mix of skills to help you to clearly understand the resources within your department. Use the activity in section 9.2 making sure that you list all staff groups.

Support your findings with statistics from your HR department. Find out if the level of sickness in the team is above average for your organisation or if there is a high level of turnover.

#### What is the morale of your team?

A simple survey tool can provide an idea of how staff rate the department. You can use it to understand the morale of the staff and gain an insight into the work environment as experienced by them. It may be useful to carry out a quick survey before you start changing roles and then repeat the survey when the new roles are in place.

The Improvement Leaders' Guide to building and nurturing an improvement culture has ideas to help with this [www.modern.nhs.uk/improvementguides/culture](http://www.modern.nhs.uk/improvementguides/culture)

#### Map the patient process

Map the current processes to really understand who does what at each stage in the patients' journey. Advice on how to organise and run a process mapping session is in the Improvement Leaders' Guide to process mapping, analysis and redesign [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process)

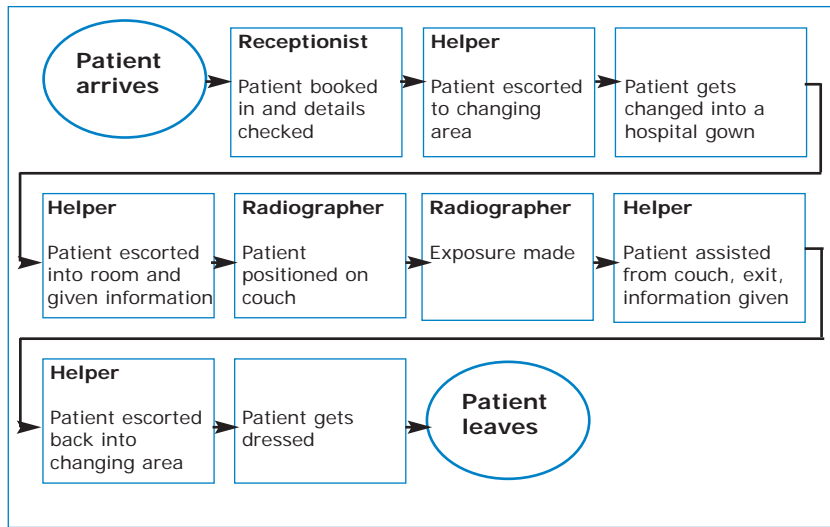
*"Patients actually benefit. They feel their voice is being heard."*

Healthcare Assistant

*"It's definitely the way forward!"*

Nurse

### An example of a process map in an X-ray department



#### Find out who does what

There are a number of ways to do this. But make sure that all staff feel involved and it is not just being 'done to them'.

#### Activity diaries

- ask everyone in your team to make a note of the number of times they perform a particular activity to support and provide patient care during a day or ask them to keep a diary for a week. Please see activity in section 9.3
- look for mismatches. For example, if a qualified nurse spends half of their time completing paperwork or other administrative tasks, this may be an opportunity to redesign the processes and roles

#### Shadowing patients

- arrange for one or two people in the team to shadow or follow a patient through the process that you want to improve. If there is a long wait, find out what is causing it. Look at the Improvement Leaders' Guide to involving patients and carers for more ways of understanding what the experience is like from a users point of view. [www.modern.nhs.uk/improvementguides/patient](http://www.modern.nhs.uk/improvementguides/patient)

### 4.3 Talk it through as a team

Once you have some data about who does what and what it is like for your patients, get the team together and look at what it shows. Don't forget to include night staff and agency staff who you use regularly.

Look at and discuss:

- the volumes and variations of activities by session, day, week and month
- if any particular member of staff is very busy at certain times
- any activities that may be inappropriate for the person who is currently doing them

Then begin to talk about how things could be done differently including expanding current roles or creating completely new ones.

#### Tips for success and sustainability

Rules and regulations are vital for effective healthcare and to protect patients and staff. However, these same rules and regulations can sometimes be used to prevent role redesign. Find out if the 'rule' really exists and what it really says. Ask for a copy from the person who raises it as an issue. If the 'rule' is a local one, see if it is out of date or an interpretation of a national rule. Also talk to the professional leads in the organisation, professional or regulatory bodies, local risk managers or clinical governance leads.

Ask to see 'the piece of paper' and read the rules carefully. Most national rules are not nearly as restrictive as people think they are.

### 4.4 Be creative

Creative thinking is an essential part of role redesign. This is helped by:

- going away from the normal work environment
- giving people permission to think differently and imagine the unimaginable
- asking 'why' until you get to the root of a problem
- talking to others. Be a magpie and collect ideas to test!
- starting small and building up. Small incremental change is often not as threatening, so use small PDSA cycles to test out your change ideas

## 4.5 Build in evaluation of the redesigned role early in the process

You will need to make a persuasive case for redesigned roles so you need to gather as much relevant evidence as possible. Think about how the role will contribute to local or national targets, such as reducing waits or improving access. Build in measures for how the role improves job satisfaction and patient experience.

Section 7 will give you ideas on the type of measures or information you can use to make a persuasive business case for a redesigned role.

## 4.6 Consider the whole system

Role redesign often requires a whole systems approach, so:

- build commitment and secure engagement of all key players, especially at board level
- take the time to secure 'champions' for role redesign to encourage and maintain commitment
- involve all stakeholders, including service users and carers, in planning, implementation, development and evaluation
- ensure that all staff within the area are aware that a new role is to be tested before it begins
- encourage staff to ask questions and to comment. Make sure they feel it is 'safe'

Look at the Improvement Leaders' Guide to working in systems [www.modern.nhs.uk/improvementguides/systems](http://www.modern.nhs.uk/improvementguides/systems)

## 5. Important considerations when redesigning roles

### 5.1 How will you manage the introduction of a redesigned role?

It is important to consider the effect the change will have on all other staff. So think about how you are going to introduce and manage the new roles. The activity in section 9.4 will help.

#### Questions to consider:

- are you clear about what you are trying to achieve and how you will measure success?
- have you taken patient views into account?
- do staff understand the purpose of the role change?
- who will manage the workload for the new role and keep it under review?
- is funding needed for the role and if so where will this come from?
- is the post part time or full time?
- who will cover the post during absences?

*"There should not be any fear in relation to losing status because in the end the outcome will be better for the entire team."*

NHS Consultant

### 5.2 Have you thought about protocols and guidelines?

It is important to have clear protocols and guidelines outlining who does what and the limits of responsibility.

Local protocols should include evidence-based, best practice and take into account clinical guidelines and advice from all authoritative sources. The NHS Modernisation Agency and the National Institute for Clinical Excellence (NICE) have produced an information pack *Protocol-Based Care...underpinning improvement*. It aims to spread good practice and help by providing some practical guidance on how to develop protocols, linking this into the wider agenda for service modernisation. It also provides useful information about other sources of advice, knowledge and support. For a copy go to [www.modern.nhs.uk/protocolbasedcare](http://www.modern.nhs.uk/protocolbasedcare)

#### Questions to consider:

- does the new or amended role have clear boundaries?
- what are the main functions of the new or amended role?
- have you considered the relevant clinical governance issues?
- how do you plan to monitor and supervise the post?

### 5.3 Have you thought about regulations and patient safety?

There are bound to be questions when new or redesigned roles cut across traditional or professional boundaries.

- check that current registrations and codes of conduct are sufficient to ensure proper accountability for professional staff who wish to extend their scope of practice
- be sure that support staff working in new or amended roles are clearly aware of their responsibilities and accountability

#### Questions to consider:

- what sort of practical support is needed to make the new role work?
- does the new role involve regulated areas of practice?
- will the care protocols and accountability procedures ensure patient safety?
- what insurance has been arranged for staff working in new or amended roles?
- has appropriate clinical supervision been provided for the new postholder?

*"It allowed me to develop my career and to use my clinical experience."*

Care Co-ordinator

## 5.4 What training and development is needed?

You may need to organise some additional training. There are many part time training courses and in-house training programmes that allow people to learn new skills while still working. Use the activity in section 9.5 to develop a training plan.

### Questions to consider:

- what are the training and education needs for the new role?
- can the training and education be provided in-house or do you need external support?
- would a neighbouring organisation have an in-house course that fits the bill?
- are there any skills you would expect prior to appointment?
- how will the training be funded? Think about sharing costs with other local organisations
- how will you tailor the training to take account of and value the individual's existing skills?
- what further training and development can be provided to support continuing professional development?
- what are the implications for the way that your training budget is used? If you need more of the new role, will you need less of something else?

## 5.5 Have you thought of the future of the new role?

Consider the long-term prospects for the role and how it fits into the overall strategy of the organisation.

### Questions to consider:

- is the post sustainable?
- if the postholder left, could someone else fill the new role?
- how will you ensure that the new role remains relevant and fits into the local priorities?
- how will you continually assess the impact and effectiveness of the new role?
- how will you ensure the job is recognised?
- is the new role transferable between organisations?

### Tips for success and sustainability

Role redesign involves rethinking 'who does what'. It is essential that changes are implemented with patient safety in mind. Do not simply copy from others. Use their ideas, but ensure that your organisation has adapted and approved the change.

## 6. The job description and person specification

To help convert your idea into a practical working reality, you will need to develop a job description and person specification. This will help you gather all the necessary information needed to recruit to the post. It will also help you to identify and clarify any uncertainties and ambiguities about the new job role and its place in the team.

### 6.1 Writing a job description

It is sometimes easier to write a job description by first completing a weekly timetable. This will clarify the role and identify any practical problems. Plan out what a typical week would look like: would each day of the week or each week be the same?

Your HR department will advise you on any local job description templates or use the following headings as a starting point:

- **job title** - a working title will do at first if you are uncertain
- **basic salary** - you may like to leave this until the end when all the details have been agreed. You will need to ask your HR department to help you set the right salary for the post and to clarify any other benefits, such as sickness and pension schemes
- **location of the job** - say where the post will be based or if they will be moving between bases (peripatetic) or be working from home
- **purpose, tasks and responsibilities** - describe the purpose of the role by saying what it is intending to achieve and state the main tasks of the post using any protocols you have drafted. Clarify the position of the role in the organisational structure. Think about who will supervise or manage the role and if the post has management or budgetary responsibilities
- **hours of work** - calculate the number of hours required and the annual leave entitlement
- **contact with others** - say whether the role operates in isolation, or if it requires contact with small or big groups internal or external to your organisation
- **education and training** - think about the skills needed for the post and any training necessary to acquire those skills. How will this be organised and provided? Highlight the opportunities open to the postholder for promotion or career development
- **professional regulation and accountability** - you will need to be clear about the boundaries of the role. Draft relevant protocols for the role and consult your local clinical governance lead to clarify the issues around accountability

## 6.2 Person specification

A person specification will help you recruit the best person into the redesigned role. Some skills or qualities will be essential for the job while others are desirable. The activity in section 9.6 will help you complete this stage of the process:

- **essential requirements:** if a candidate does not meet one or more of the essential requirements, you cannot shortlist them for interview. Be careful not to put too much or too little into this category
- **desirable requirements:** these are used at the time of shortlisting if you have a number of candidates who meet the essential requirements. If you are happy to recruit for potential, be explicit and remember that training can be provided to develop the appropriate skills

Having completed the details for the redesigned role, you now need to ensure 'buy-in' for the role by preparing a persuasive business case.

**Use this approach when developing a business case for any improvement idea**

## 7. Preparing a business case

You need to do this to persuade your organisation to implement and sustain a redesigned role.

Two bits of advice if this is all new to you:

- don't be afraid to prepare a 'rough and ready' business case in the early stages. This way you and your team can judge whether it looks and feels 'right'
- don't struggle by yourself. Get your finance and HR department to help you. They are familiar with this approach and other leaders in the organisation will be pleased to see their involvement

### 7.1 How to prepare a business case

The following page shows the headings that are usually expected in a business case. If your organisation has its own template, of course you should use it.

### Template for a business case

- **Proposition or summary:** a two to three sentence statement of the change that is being proposed
- **Context:** two or three sentences about why the proposed change really matters to patient care and your organisation
- **Scale of change:** say how many new roles are you proposing
- **Financial analysis:**
  - Estimated costs split between:
    - non recurring (one-off) costs: project management, equipment, recruitment, initial training, evaluation, changes to accommodation, 'pump priming' etc
    - continuing costs: salaries etc
  - Estimated savings: always more difficult to identify than costs! But remember that you are looking at ways of doing things differently, not ways of using extra staff. Look at what the organisation is currently spending which is often very different to what is budgeted and what could be saved over time. Look for the savings in staff costs such as reduced use of agency and locum staff, reduced staff turnover and from reducing multiple visits by the patients to hospitals, less complaints, less paperwork
  - Timing: an analysis of costs and savings over the relevant financial years. If you are unsure, make an estimate

	2004-05	2005-06	2006-07
Non recurring costs			
Continuing costs			
Savings			

- **Non financial impact:** even if the main reason for the change is an improvement in quality, it is important to quantify it as much as you can, especially if there is a cost associated. Try to quantify the likely impact of the change on key performance targets as these are the things by which your organisation is judged (see section 7.2)
- **Evidence and risk:** here you should say why you believe the proposed change will work. Give examples of your small-scale tests or history of success elsewhere. Also include potential risks and how you plan to prevent them

### Case study

#### Examples of 'pump priming' funding for role redesign (non-recurring costs)

Some obstacles to improvement can be removed by supporting the idea with a one-off funding. The costs involved can be quite modest but this 'pump priming' money can help 'oil the wheels'.

Education and training		
Process mapping training	Modernisation Agency course to enable staff to undertake process mapping	£70
Development of common A&E training package	Nurse practitioner backfill to support the development of A&E course. Initially for emergency care practitioner students with a paramedic background. Then rolled out to wider audience across Trust. Now forms a common A&E training package	£1,400
Communications		
Promotion/communication	Material to promote new roles for home helps to staff and patients in community	£182
Community paramedic awareness publicity	Posters for GP surgeries and community hospitals to inform potential users and carers and that they may get a paramedic rather than the GP when asking for a home visit	£300
Staff		
Asian bi-lingual support worker	A student speech and language therapist funded to test the role during university holidays	£1,400
Backfill	To allow undertaking of independent prescriber's course in preparation for implementation of extended role	£6,700
Equipment		
Cycling helmet	Purchase of a cycling helmet to enable rehabilitation assistant to cycle safely between the hospital and the patients home in order to provide seamless hospital and home service	£20
Camera system with video facility	Urology service camera system with video facility that will clip onto the end of a cystoscope to support nurse practitioner to offer a nurse led service	£18,580

## 7.2 How to get a business case approved

### Know the process

You will need to find out your organisation's internal process for handling such proposals. Ask your finance or HR departments, but in general the following applies:

- if the change is relatively small and does not require a lot of extra money or entail significant risk, there will usually be a management group that has the power to take decisions. You will need to find out when it meets and the way it expects to have proposals presented
- larger changes, even if they are cost-neutral, will usually require board approval. This implies a written proposal that can be presented, if requested, in a public forum
- changes that bring significant extra cost will usually require the agreement of the organisations commissioners e.g. your local Strategic Health Authority (SHA) or Workforce Development Confederation (WDC)

### Emphasise the benefits

You will need good arguments to persuade your organisation to devote its resources to the change. To support your case try to highlight the benefits whenever you can and include in all communications or reports. Even cost-neutral changes can involve a lot of management time and be risky during the changeover period.

Organisations are judged on a wide range of performance indicators, so show how the redesigned role will have a positive impact upon them. Be specific and quantify the impact of the new role, explaining why this is important to the organisation.

Think about the benefits of your redesigned role in the following ways:

- **improved access across all services:** role redesign can help place staff with the appropriate skills in those areas where patients access services
- **quality care when the patient needs it:** high quality care, provided at the right time and at the point of access can prevent the multitude of faces often endured by patients when obtaining treatment or advice
- **reduction in waiting times:** having staff in the right places with the right skills and making the best use of these skills, reduces waiting times and improves the patient experience. There is also more opportunity for the staff to complete care at the first contact with the patient reducing repetition, unnecessary referrals and delays
- **management of an ever-increasing workload:** resulting in better services for patients and improved working lives for staff
- **job satisfaction:** role redesign helps staff to make the best use of their training

- **reduced vacancies and staff turnover:** continuing personal and professional development can impact every stage of recruitment and retention
- **career development through the skills escalator:** role redesign supports the idea of lifelong learning. It encourages staff to update their skills and knowledge continuously, and supports staff interested in developing a specialist interest or new skills
- **a flexible, responsive workforce:** development of a culture of continuous improvement and flexibility so that services are able to adapt to future changes in demand or practice.

If you are unsure about how to show the benefits of your redesigned role, don't hesitate to ask for help from your HR and finance departments or the people in your organisation responsible for modernisation or improvement. Your HR department can advise you who these people are.

*"Previously the waiting time in A&E was around four hours, at the moment the new role has reduced the waiting time to approximately one hour"*

A&E Charge Nurse

## 8. Case studies

Speak to other colleagues who have implemented redesigned roles in health and social care. Ask them about their experiences and the benefits that they have found from the redesigned roles. This should help you with your case for change.

### 8.1 Occupational Therapy (OT) Information Worker

A Primary Care Trust and Social Services Department have jointly tested an OT information worker who makes appointments, handles orders for minor equipment and answers general queries.

**Benefits:** the information worker has reduced the duplication of home visits by 100% and the time spent dealing with enquiries and referrals have reduced by 93% over a six month period.

### 8.2 Social Service Home Help

In the Midlands, NHS therapists have trained social service home helps to carry out additional tasks for patients as well as the supervision of the administration of medication.

**Benefits:** patient 'hand-offs' between NHS and social care staff have been reduced by half and social services have agreed to train 30% of home helps in this way during 2003-04.

### 8.3 Redesigned Pharmacy Services

Until recently pharmaceutical services in a trust in northern England concentrated on 'supply and dispensing' functions with only limited input to ward pharmacy and advisory services. The result was that the skills and knowledge of pharmacy staff were not being used effectively. Service redesign involved an extension of various roles, the creation of new roles and integration of clinical pharmacists and technicians into ward teams.

**Benefits:** the outcomes include reduced nursing time on dispensing medication by 30 minutes per medicine administration session. A weekly drug check by nurses was also removed, saving two to three hours of Grade D nursing time.

### 8.4 Team Leader Booking Clerk

This new role was designed in a northern radiology department to provide patient access to a booked admissions and information system. The postholder is responsible for the day to day supervision and organisation of a small appointment team to ensure an efficient appointment system for the radiology department. In addition, the clerk books and records patient appointments for a wide range of radiological procedures following the

appropriate preparation guidelines. The risk of clients undergoing unnecessary investigations is low, as the new role is protocol based and every booking made is checked within 24 hours by the radiologist.

**Benefits:** the new role has improved services for patients with a decrease in waiting times, cancellations and DNAs (did not attend).

### 8.5 Surgical Podiatrists

The development of the surgical podiatrist role within an integrated foot health team has had a significant impact on orthopaedic waiting times. The consultant orthopaedic surgeon specialising in treatment of the lower limbs supported the service and provided advanced training to the surgical podiatrist.

**Benefits:** the role has been an important factor in:

- reducing waits for outpatient appointments from two years to less than 20 weeks
- bringing inpatient orthopaedic waiting times to under 11 months
- reducing in-patient stays for patients with diabetes, as they can be fast-tracked to the clinic for their surgery, thus reducing length of stay
- reducing hand-offs as many patients can have their treatment during one visit



## 8.6 Emergency Care Practitioner (ECP)

This role involves nurses and paramedics accessing elements of each others training so that they are able to operate autonomously in different settings.

### Case study

#### Benefit of the new ECP role

*An ECP responded to a 999 call involving a gentleman who had been knocked off his bike by a lorry. At the time the ECP was working on his own in a response vehicle. On the ECP's arrival the gentleman was standing up and appeared to have no central neck or back pain, but seemed to be suffering from slight pain in the right side of his neck and shoulder. He also reported elbow, hip and knee pain and had a large graze on his right thigh. The ECP informed the responding ambulance that he was able to deal with the incident, freeing them to respond to other calls. The ECP transported the patient to the A&E department and on arrival booked and clerked the patient. A full clinical assessment was carried out, tetanus was given and the wound was cleaned and dressed. Following a consultation with the A&E doctor the patient was discharged by the ECP. The whole process took a total of 1 hour and 15 minutes from the time of the accident through to the patient's discharge from A&E. The total number of clinicians involved was two (the ECP and the A&E doctor), and all of the treatment was performed by the ECP.*

## 8.7 Stroke/Neurological Rehabilitation Assistant

Skilled support workers are supporting stroke patients and their carers both in and out of hospital. Responsibilities include helping patients with mobility, maintaining an appropriate diet, carrying out specific care and treatment under the guidance of the stroke/neuro team and carrying out simple nursing procedures.

**Benefits:** Early results show an increase in the therapy time per patient per week from 173 minutes per week to 540 minutes per week.

## 8.9 Trauma Co-ordinator

The trauma co-ordinator role provides a structured approach for the safe and timely management of patients needing trauma orthopaedic surgery. Responsibilities include ensuring all patients admitted to the unit are appropriately assessed, all routine investigations are carried out and results available, compiling theatre lists and liaising with consultants and/or their medical team to ensure patients are prepared appropriately.

**Benefits:** The role has saved 13 hours of Senior House Officer (SHO) time per week, has helped significantly to reduce delays for patients and has made more effective use of theatre time.

*"It has great potential for the development of the role of the paramedic"*

Emergency Care Practitioner



## 9. Activities to support redesigning roles

Before organising any activity, consider the following:

- who is the audience?
- what is their prior knowledge?
- is the location and timing of the activity correct?
- recognise and value that participants will want to work and learn in different ways. Try to provide information and activities to suit all learning styles.

### Why is this important?

Some of us take to the idea of change more easily than others. Some like to develop ideas through activities and discussions, while others prefer to have time to think by themselves. We are all different and need to be valued for our differences.

**Easy to use formats of these tools are available from the CWP email us at [changing.workforce3@manchester.nhs.uk](mailto:changing.workforce3@manchester.nhs.uk)**

### 9.1 Problem analysis

The root of a problem is not always obvious, especially where current working practices are based on local custom, tradition or simply habit. This tool will help you focus on the root of the problem and how role redesign and other improvement ideas can help you find a solution.

**Aim:** to pinpoint the root of each problem by taking the current understanding of an issue and problem and working backwards to identify the cause.

### How to use

- use it with your team
- prepare lots of flip chart paper on a wall to give you plenty of room to work

### Step 1

Consider your service

- what works well?
- why does it work well?
- what has been troubling you about the way the service is currently delivered?
- what do you think is the problem?
- what have you tried in the past? Did it work? If not, why?
- what ideas do you have for improvement?

### Step 2

As a group, make a list of not more than five issues/problems that you would like to see improved.

Issues/problems within your area of service you would like to improve.....

1	_____
2	_____
3	_____
4	_____
5	_____

### Step 2

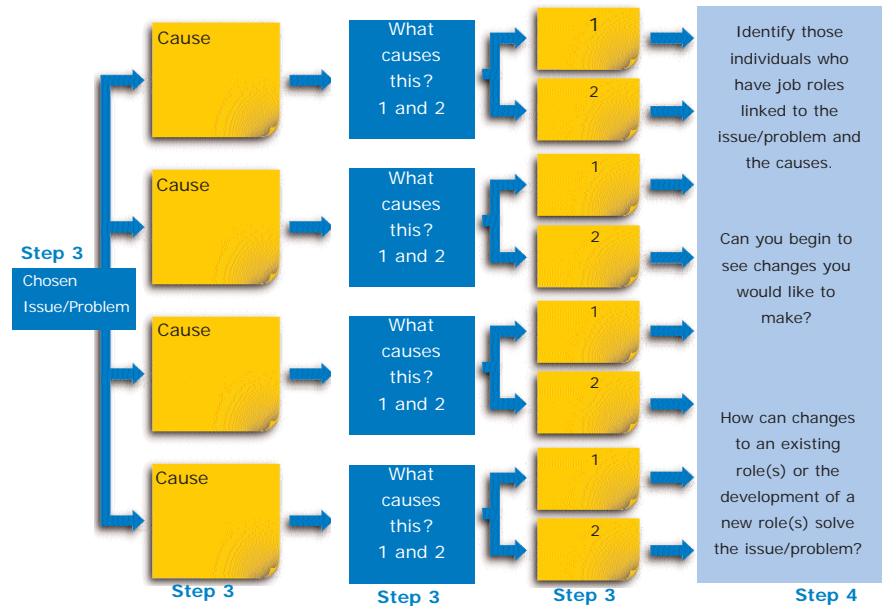
### Step 3

Choose one issue/problem from your list, write it on a post-it, and place it on your flip chart paper and begin a detailed analysis of possible causes.

As you begin to generate ideas keep two things in mind:

- 1 How a new way of working can provide a solution?
- 2 How this new way of working will benefit the patient, the staff, and the service?

Use post-it notes and arrange on flip chart paper as in the illustration below. Have as many sub-divisions as you like.



### Step 4

Identify the people who have job roles linked to the issue/problem. How can changes to an existing role(s) or the development of a new role(s) help to solve your issue/problem?

You may find it helpful to go back to your original list and think about the other issues/problems identified.

Don't forget other process improvements.

## 9.2 Who is your team?

**Aim:** to understand who does what

**How to use:** record each person and current skill mix within your team. Ensure that you list all staff groups who contribute to patient care

Example from a radiology department

List everyone in your team	When and how often do they work?	What does their role offer the service?
<b>All doctors</b>		
<b>All superintendent radiographers</b>		
<b>All senior radiographers</b>		
<b>All radiographers</b>		
<b>All assistants</b>		
<b>All A/C and secretarial</b>		

## 9.3 Who does what?

**Aim:** to provide a 'picture' of the time you and your colleagues spend on patient related activities. It highlights the unnecessary steps and where tasks could be reallocated

**How to use:** work your way through steps 1, 2, 3 and 4

### Step 1

- agree the categories your work falls into and record them in the box, as shown in the example below

Example role		Your current role	
A	Support and escort patients	A	
B	Training carers	B	
C	Phlebotomy and ECGs	C	
D	Patient observations	D	
E	Electronic referrals and telephone calls	E	
F	Miscellaneous	F	

Easy to use formats of these tools are available from the CWP email us at [changing.workforce3@manchester.nhs.uk](mailto:changing.workforce3@manchester.nhs.uk)



**Step 2**

- use this tool to note how often you spend on each activity
- repeat this for as long and as often as you feel is necessary to get a good picture of what you do

**Day 1**

	A	B	C	D	E	F	Total
Example	10	20	10	15	45	0	100
8.00 am/pm *							
9.00 am/pm							
10.00 am/pm							
11.00 am/pm							
12.00 am/pm							
1.00 am/pm							
2.00 am/pm							
3.00 am/pm							
4.00 am/pm							
5.00 am/pm							
6.00 am/pm							
7.00 am/pm							
Average							100

\* Delete as appropriate  
Total at the end of each hour/shift/day should be 100%

**Step 3**

- using information from step 2, fill in the percentage time spent on each activity A–F in your current role
- review the amount of time you spend on each activity with your team and manager
- consider reallocating some tasks and ask if some tasks need to be done at all.

Example role		Your current role	
A	Support and escort patients 20%	A	
B	Training carers 20%	B	
C	Phlebotomy and ECGs 15%	C	
D	Patient observations 20%	D	
E	Electronic referrals and telephone calls 20%	E	
F	Miscellaneous 5%	F	

Allocate to Ward Clerks?

Allocate to Support Workers

**Step 4**

- after you have reviewed your current role and considered the reallocation or removal of tasks, discuss your revised role and amend the job description accordingly

Example role		Your current role	
A	Opportunity for role extension 20%	A	
B	Support and escort patients 20%	B	
C	Training carers 20%	C	
D	Patient observations 20%	D	
E	Telephone calls 10%	E	
F	ECGs 5%    Miscellaneous 5%	F	

## 9.4 Managing the practical issues

Successful role redesign depends on managing the practical details. For example, you will need to plan how long the role is going to be funded, where the role will be based on a day to day basis, who is responsible for line managing the role and so on.

**Aim:** to help you tackle the practical matters that are often forgotten prior to recruitment.

**How to use:**

**Step 1:** use the list of questions a potential candidate could ask and add more of your own

**Step 2:** fill in the worksheet for the redesigned role

**Step 3:** add the relevant points to the job description (section 6.1).

**Step 1: Questions from a potential candidate**

For a bit of fun why don't you and a colleague use this as a basis for role play.

- 1 How are you preparing your staff for my new role?
- 2 Where is my base on a day to day basis? Where will I get team and colleague support?
- 3 Will this be quite a big time commitment?
- 4 Who do I report sickness absence to?
- 5 What is my annual leave entitlement? Who do I submit my annual leave requests to?
- 6 How will the various aspects of my job be covered when I am sick or on annual leave?
- 7 What are the arrangements for my continuing professional development? Who do I place my request with and who pays for this?
- 8 Do you have in-service training? Will it be quite a big time commitment?
- 9 How will my personal development plan be undertaken with respect to the different aspects of my job?
- 10 How long is the post funded for? What happens after that?

**Easy to use formats of these tools are available from the CWP email us at [changing.workforce3@manchester.nhs.uk](mailto:changing.workforce3@manchester.nhs.uk)**

### Step 2: Management and practical issues worksheet

Issues	Your comments and thoughts
<p><b>Day to day</b></p> <ul style="list-style-type: none"> <li>• where is the postholder's day to day base?</li> <li>• which day to day team will they be a part of?</li> <li>• what IT access will they have?</li> </ul>	
<p><b>Absence and cover</b></p> <p>Imagine that the postholder submits a request for two weeks annual leave</p> <ul style="list-style-type: none"> <li>• identify the elements which need cover and arrange for this cover</li> <li>• identify elements of the job which cannot be dropped due to national targets e.g. waiting list targets</li> <li>• how will you cover these?</li> <li>• write the absence cover procedure for annual leave, sick leave, study leave and maternity leave for your new or redesigned role</li> </ul>	
<p><b>Personal development</b></p> <ul style="list-style-type: none"> <li>• detail the format that will be taken for the personal development plan of this postholder in your new or redesigned role. Use policies that already exist if appropriate</li> <li>• who will take the management and budget responsibility for the postholder's continuing professional development?</li> </ul>	
<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• assume that you have no additional resources for the new role but you have decided to put the role in place. Decide how you will fund the post and who will hold the budget. If you need extra resources, be clear about who will write the business plan</li> </ul>	
<p><b>Preparing other staff</b></p> <ul style="list-style-type: none"> <li>• how will you introduce the new or redesigned role to other staff?</li> </ul>	

### 9.5 Developing a training and education plan

**Aim:** to help you draw up an education and training plan for new or amended roles.

**How to use:** use all the following questions to help you fill in the two templates below . Make sure you answer all the questions.

New role title: \_\_\_\_\_

- 1 List the skills required to complete a week's work.
- 2 What you would expect prior to appointment? (Note these for the person specification in 9.6)
- 3 What education and training is required by a typical postholder to enable them to achieve competence in these skills.

#### Skills analysis

Skills required for a weeks work	Education and training required for each skill

- 4 Convert the education and training requirements to a draft training plan for the new role
- 5 How can you deliver the necessary training.

#### Training plan

Learning theme	Content	Learning method	Responsibility for action

### 9.6 Person specification

**Aim:** to clarify areas such as the level of knowledge, skills, specific qualifications, previous experience, attitude/personal attributes and special conditions.

**How to use:** use this in conjunction with the advice about writing a job description (section 6.1).

#### Person specification

	Essential	Desirable
Knowledge		
Skills including specific qualifications		
Previous experience		
Attitude/personal attributes/behaviour		
Special conditions e.g. car driver, travel, unsocial hours, mobility		

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## 10. Frequently asked questions

### Question

What should come first, service redesign or role redesign?

### Answer

They both go hand in hand. The important thing is to really understand what the problems are. Remember redesigning roles is one of a series of improvements that can be made to change the care and experience for those who use our services. If you want to redesign the process by cutting out steps and changing the sequence of things, it is best to do this before redesigning the role. The most important thing is to consider it carefully, as redesigning roles will have a real effect on those involved - make sure the effect is positive.

### Question

Is role redesign relevant across all services?

### Answer

Yes, role redesign can be applied to all staff groups across all care sectors including acute, primary care, social care, mental health etc.

### Question

Could I lead role redesign and do my day job as well?

### Answer

Yes and no! Yes, because everyone should be involved in looking at ways to improve services, including redesigning roles. If you have improvement as part of your current job, make sure it is recognised in your objectives and that the work is seen not as a separate strand of work but an integral part of your job.

However, like all the improvements we have discussed in other Improvement Leaders' Guides, redesigning roles takes a considerable amount of time and effort. So ideally, it would be better to have a dedicated resource with strong project management and influencing skills looking at all improvement ideas.

### Question

How much does role redesign cost?

### Answer

The cost will vary depending on the type of redesigned role you are thinking about. Examples of 'pump priming' on page 26 will give you some idea of the types of costs involved but remember that there will be savings too. Role redesign should be sustainable and this means it should be carefully thought through and financed.

### Question

What is the role of the HR department in role redesign?

### Answer

Your HR department should be able to support you in the process of redesigning roles. They can help you with data to build a business case and they can also help with developing job descriptions, person specifications, job evaluations etc. The HR director can also act as your 'champion' supporting your case at board level. The CWP has produced a tool that helps focus HR departments on service improvement. It shows how HR is closely linked with service improvements and will enable your organisation or group to select which HR practice and activities will most help you achieve your improvement goals including role redesign. The tool is available from [changing.workforce3@manchester.nhs.uk](mailto:changing.workforce3@manchester.nhs.uk)

### Question

What should I do about those who don't want to change?

### Answer

There will always be those who see change as a threat. The key is to understand their fears, concerns or expectations. Try to build on what is important to them. At the start of a role redesign process think about those that might help you gain support and tackle concerns. For more ideas look at the Improvement Leaders' Guide to managing the human dimensions of change [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human)

*"Midwives are very happy to learn new skills. They see this as being beneficial not only to themselves but also the patients who have to wait less time to have procedures carried out."*

Delivery Suite Manager

*"There are definite benefits for patients allowing them to receive appropriate care, at an appropriate time and place"*

Project Manager

**Question**

Where can I find more information about new and redesigned roles?

**Answer**

There is lots of support to help you get ideas and advice on redesigning roles.

- advice line: for expert advice on every aspect of role redesign call the NHS Modernisation Agency Hotline on 0845 600 0700 and ask to speak to a role redesign adviser
- networks: link in to your local Strategic Health Authority and Workforce Development Confederation to keep up to date and to link in with your local role redesign lead
- newsletters: regular updates and news on role redesign and other related areas are available by email from the CWP. To subscribe email [alison.cutts@doh.gsi.gov.uk](mailto:alison.cutts@doh.gsi.gov.uk)
- protocol based care: this is a useful source of information and a step by step guide to developing protocols. This document is available at [www.modern.nhs.uk/protocolbasedcare](http://www.modern.nhs.uk/protocolbasedcare)
- publications: the Workforce Matters series of publications help in the process of role redesign by highlighting relevant innovative practice. Current titles in the series include Diabetes, Wider Healthcare Team, Primary Care, and Emergency Care. More are on the way. To request copies email [cwp@doh.gsi.gov.uk](mailto:cwp@doh.gsi.gov.uk)

- database: the Working Differently Roles database provides many examples of new and amended roles across health and social care. Visit [www.modern.nhs.uk/cwp](http://www.modern.nhs.uk/cwp)
- role redesign directory of tools: this is a comprehensive description of over 26 tools and techniques available through the CWP. To receive a copy email [changing.workforce3@manchester.nhs.uk](mailto:changing.workforce3@manchester.nhs.uk)
- workshops: there are practical workshops to facilitate the development and implementation of new ways of working at local level. For more details of the Role Redesign Workshop contact [changing.workforce3@manchester.nhs.uk](mailto:changing.workforce3@manchester.nhs.uk)

**Remember**

Role redesign involves the people side of improvement. So don't forget to look at the other Improvement Leaders' Guides especially

- Managing the human dimensions of change [www.modern.nhs.uk/improvementguides/change](http://www.modern.nhs.uk/improvementguides/change)
- Working with groups [www.modern.nhs.uk/improvementguides/groups](http://www.modern.nhs.uk/improvementguides/groups)
- Building and nurturing a culture of improvement [www.modern.nhs.uk/improvementguides/culture](http://www.modern.nhs.uk/improvementguides/culture)

