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Introduction: An overview of the problem in the health care.

On the 31st January, 2020 the United Kingdom (UK) officially left the European Union (EU), with a transition period until the 31st December 2020. As the arrangement to replace laws like trade, travel, immigration and security co-operation was in place, Boris Johnson said the UK had “freedom in our hands” and the ability to do things “differently and better” now that the long Brexit process was over. This exit had a serious effect on the National Health Service (NHS) and one prominent area is staffing crisis which is affecting my current workplace and it will be my focus for this report.

In 2019, according to figures from the Nursing and Midwifery Council (NMC), 5,000 nurses and midwives from EU countries have left the NHS in the last three years, with many identifying Brexit as the reason (Campbell, 2019). The number of European workers in the NHS continues to fall every day because of the harsher immigration laws that were implemented, the Seven-day NHS initiative that deters EU staff from signing up for longer hours and also the low scale salary in the health care sector.

Generally, the NHS has been facing a series of challenges like the aging population, the increase in population and also the increase in cases such as diabetes, obesity, dementia and other common evolving diseases and the over reliance on private services which are also facing challenges in handling the population due to staff crises. The Nuffield Trust estimated that the ageing population and the growing population alone could mean we need another 17,000 hospital beds by 2022- and that's just hospital beds. The number of doctors, nurses, other staff and equipment all have to meet demand (Smith et al., 2014). The Covid-19 virus has also exposed the inequality and the weakness in the health care sector that government needs to take a comprehensive line of action to put things in place to prevent future reoccurrences. The sudden challenge is the resurgence of covid-19 resulting in more patients being admitted to the hospitals with the virus than at the previous peak in April. During this time, the NHS are tasked to deliver the biggest vaccination campaign ever in the history of UK, while also developing services for patients with covid-19 (BMJ, 2020). The covid-19 has also impacted on the staff absence due to the need for self-isolation or infections and this is weighing down on the NHS to care for patients with the virus and those without it.

2020 has arguably been the most challenging year in the NHS's 72-year history. Even in these tough times, people across the different services have responded with passion, resilience and

flexibility to deal with not only the virus but also the need of patient without the Covid-19. (Pritchard & Kelly, 2020).

Problem Definition, discuss one problem in my workplace using PMI

As I stated earlier in my introductory, the problem I am going to examine in the NHS is the staffing crises. But before diving into it, let us first know what we refer to as 'Problem". According an online Cambridge Dictionary, "Problem is defined as a situation, person, or thing that needs attention and needs to be dealt with or solved". It could also be defined as a matter or situation regarded as unwelcome or harmful and needing to be dealt with. In my own simple words, I would say a problem is that situation that occurs to prevent someone or something in achieving a set objectives or goals. Problem can be classified into three different ways. Problem that has already happened, problem that lie ahead of us and problem we want to prevent from happening.

In looking at the problem highlighted earlier which is staffing crisis in the health care sector, I am going to use the Plus, minus and interesting (PMI) decision making model to brainstorm, and think critically on the positives, negatives and implications associated with this particular problem before making a decision on the way forward. PMI is a brainstorming, decision-making and critical thinking tool that was developed by Dr. Edward de Bono, used to generate discussion around positives, negatives and implication associated with the particular idea or concept. The Plus which is also referred to as positive is where all advantages or benefits are listed. The minus which can also be referred to as negative is where the disadvantages or bad things are being listed. The Interesting is where we list things or point we consider to be neither good nor bad. In this section everything is glanced at a neutral point of view. We should know that solving a problem is a creative process in which we need new ideas and new insights. One thing we should always considered when creating the PMI chart is that we should not criticize ourselves when preparing our list for the different columns.

Table 1: The PMI (Plus, Minus & Interesting) Chart

PMI (Plus-Minus-Interesting) Chart Template		
Topic:- GPs Staffing Crisis in the NHS		
Plus Advantages/Benefits/Strengths	Minus Disadvantages/Deficiencies/Weaknesses	Interesting Possible outcome/Attention

Present GP will have more hours to work and make more money	Fatigue, GPs are overworked	Good benefit packages to motivate staff
GPs will be able to work in different department and this will improve their learning and experiences.	More cost on government to organize continuous training for staff to be able to perform efficiently in their respective duties.	Provide stipends to GPs at the end of each training.
GPs and patient bonding will improve as they spend a lot of time together.	GPs will not have enough time to spend with their friends and families.	Provide a very conducive working environment for GPs as they will be spending a lot of time in their workplace.
Government will have to engaged in international recruitment to get more GPs into the health care system	This will have to cost government more money and time to be able to recruited qualified candidates to fill the gaps.	A welled experienced professionals are required for these positions.
To ease the burden on GPs government introduced digital solutions to support capacity and practices like appointment-retention(e.g. video consultations, telephone triage, online monitoring of patients and so on.	As some people have used to the traditional ways of doing things, it will take some time to integrate such class of people into the new digital age in the health care system which will create some communication gaps between both parties.	The introduction of technology in the health care system will create more time to care for the most disadvantage and help protect the vulnerable.

From the table 1 above, we have clearly brainstorm some of the positive, negative and interesting facts about the GPs staffing crisis facing the NHS. With the presented facts, we can be able to set a reasonable time line on how some of the negatives points can be improved. We can now use this table as a decision making tool for both strategic and creative thinking. One decision that we can take from this above table is that government should consider international recruitment to help closed the staffing crisis gaps but, should consider experienced and qualified candidate for

these positions and at the same time preparing an effective staff retention policy so that GPs do don't leave their jobs soonest.

The impact of the problem on all Stakeholders

According to Project Management Institute, the term Stakeholder refers to “an individual, group, or organization, who may affect, be affected by, or perceive itself to be affected by decision, activity, or outcome of a project. The Effectiveness Health Care Program (EHC) defines a stakeholder as “a person or group with a vested interest in a particular clinical decision and the evidence that supports that decision. So in short, a stakeholder can be those who are affected by, or can affect an organization’s activities and decisions.

Now that we have understand who are stakeholders, it best we identify our own stakeholders in which the list is as follows: -

- 1.Client/Patient
2. GPs/ Doctors
3. Government/ Metropolitan
4. Members of Parliament
5. Police
6. Care Quality Commission (CQC)

Client/Patient: These are the group of peoples who are in need different health care services. They are also the most vulnerable group that staffing crisis will seriously have affected. If the health care services do not have enough staff to handle the sickling populace, emergency cases might me delayed which can have resulted to loss of life or patient may suffer from serious implication due to delay.

GPS/ Doctors: These are the professional and care givers that are responsible to look after the client and make sure they received the right treatment in a comfortable atmosphere. Staffing crisis will have them working long hours in which can resulted in loss of concentration that can cause serious implication to someone’s health. For example, a GP mistakenly gave a patient a wrong dose which can led to serious complication if not dealt with immediately.

Government/ Metropolitan: refer to as the provider are responsible to care for both the professionals (GPs/Doctors) and the client needs too. So having a staffing crisis will seriously affect their mandate as their will be more sick people needing attention which could affect the

overall performance of the government. If people are sick they will not be able to work and if that happens government will be at a loss as people will be unable to pay their taxes.

Members of Parliament: This is the body that is responsible to make laws. So making the right law that benefits both government and the professionals in the health care sector is of paramount. So allowing strict immigration laws, preventing international recruitment can all result into staffing crisis as UK is no longer under EU. They too as parliamentarian can be affected because they too can fall sick and need immediate medical attention and cannot get it at the appropriate time due to staff crisis.

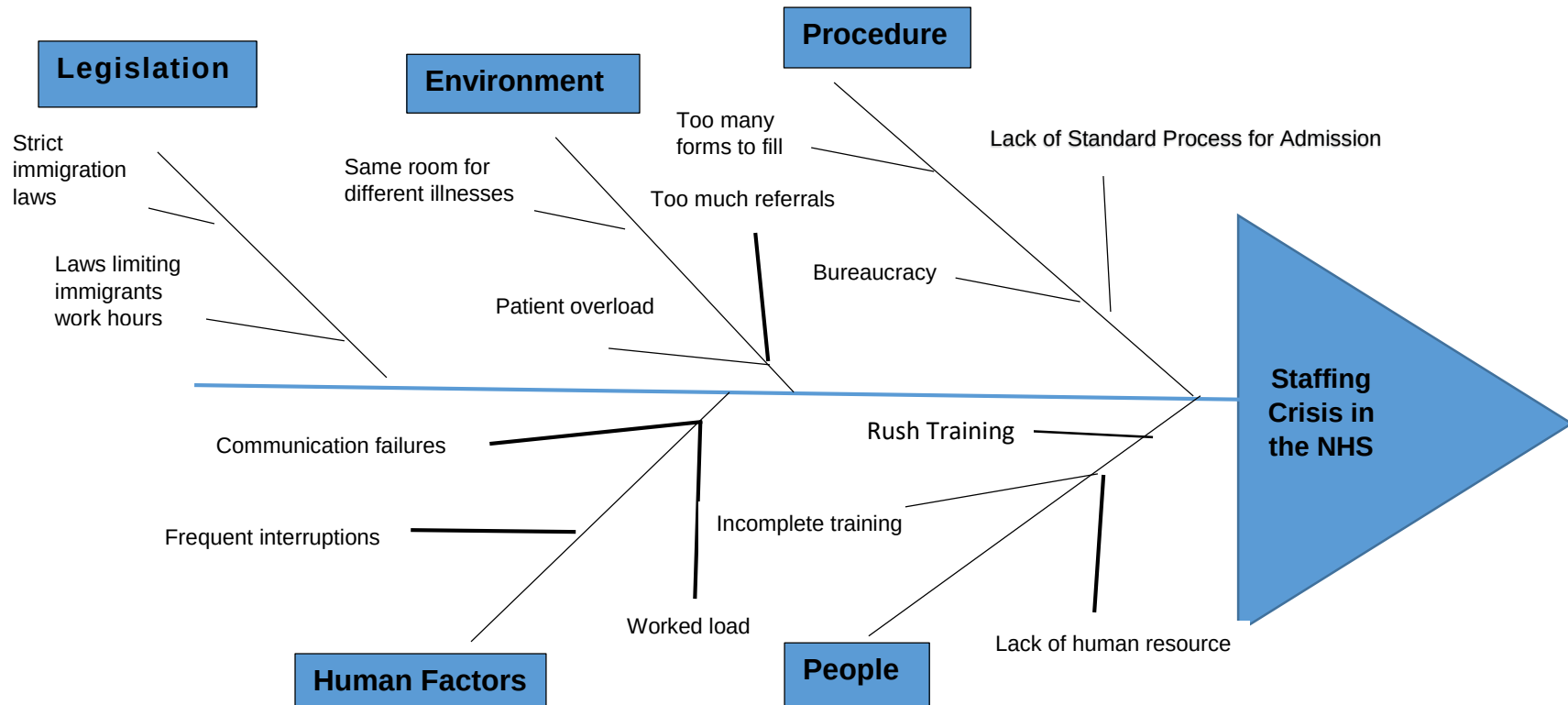
Police: They are responsible for the safety of both the client and the professionals. Staffing crisis in health care sector could result into violence. Some client that need immediate attention could lose his/her temper and become violent. Also because of fatigue doctors can give patient the wrong dose and can result into conflict between the client family and that particular staff or the health center as a whole.

Care Quality Commission (CQC): This commission is an independent regulator setup to inspect and monitor health and adult social care service providers to ensure that standard are being met. If staffing crisis is on the increase, the commission would not be able to function effectively as they will have to compromise at some certain point because of the staffing crisis at hand.

Root Cause Analysis of the Problem using the Fish-bone Analysis

Ishikawa diagram commonly known as the fishbone diagram are causal diagram created by Karou Ishikawa that show the potential causes of a specific event (Ishikawa, 1968). The fishbone root cause analysis diagram is a structured team process that assists in identifying underlying factors or causes of an adverse event or near-miss. (CMS,2013) The fishbone diagram is a visual brainstorming tools to look at cause and effect of a particular problem. The diagram is a fish-like structure in which the problem we want to look at is displayed at the head or mouth of the fish diagram. Other possible causes are listed on the bones of the fish under different broader categories that can also be identify as cause. By listing the various categories this will help the team to brainstorm and narrow the smaller causes into the different categories and think of alternative solution to these causes.

Figure 1: The Fishbone Root Cause Analysis for Staffing Crisis in the NHS



Recommendation using the SWOT Analysis

SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. Therefore, the SWOT Analysis is a technique developed to assess these four components of an organization or business. With SWOT Analysis, we can be in a better position to identify what we are lacking, how to improve on the things that are preventing us from achieving our aims and objectives. The SWOT Analysis can also help us to know what our competitors are doing better than us and how we can improve to distinguish ourselves from our competitors to be able to capture the market.

To create an effective and efficient SWOT Analysis matrix, it is always good to gather a team from different functional levels in our organization to brainstorm on the strength, weakness, opportunity and threat the organization may face and write them down in their respective part of the grid. In creating a SWOT Analysis Matrix, strength and weakness are always considered as internal factors whilst Opportunity and Threat are considered as external factors. We think at the back of our minds when brainstorming, we can be able to use our strength to open further opportunities by eliminating weaknesses.

Figure 2: A Staff Crisis SWOT Analysis Matrix

STRENGTH	WEAKNESSES
• Conducive working environment • High safety standards • Positive workplace culture	• Lack of GPs/ doctors. • Unattractive benefit package for health care workers. • Prolong appointment date.
OPPORTUNITIES	THREATS
• Introduction of new technology to ease the work of GPs/doctors. • International recruitment of health care workers. • Learning opportunity and personal career development.	• Strict immigration law that prevents immigrants from working. • Laws limiting immigrant hours of work time. • Strict conditions set for immigrants to meet before renewal of working permit.

From the SWOT Analysis Matrix, our company has positive workplace culture and the environment is very conducive therefore we should consider the opportunity to do international recruitment but we should also try to make laws that are favorable to professional immigrants that are coming into the health care sector to closed the gaps of the GPs/doctors and other essential healthcare workers.

Conclusion

In summary, NHS England are still committed in recruiting new GPs as well as retaining the current staff (NHS,2019). There are more GPs in training as compared to previous years. The introduction of the GP Retention Scheme is a package created to support education the education of doctors, nurses, midwives and other essential health care workings to encourage them to remain in the practice. According to Dr. Nikki Kanani, the first female to be appointed medical director for primary health care at NHS in 2018 said, “While the GP numbers shows some encouraging signs, recruitment, retaining and supporting more doctors into the practice remains an absolute priority for us”

NHS in England faces unprecedented challenges in 2021. This will require an equally unprecedented, and longtime response from the government to do two things. First is to deal with the backlog of both physical and mental healthcare that the covid-19 pandemic has caused. The second is to create a health system that prevent health inequalities and other vulnerability the pandemic has exposed (BMJ,2020).

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