



MUNROS

Project Co-ordinators

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on behalf of MUNROS team*



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Background

- Increasing demands on the health service and pressures on staff
- Some tasks previously undertaken by medical professionals now done by other staff
 - Examples: Nurses with advanced /extended roles; Pharmacists with prescribing rights; Physician Associates
- New technical roles have developed in some specialities
 - Examples: cardiac physiologist; mammographer
- Limited evidence for the effect of this task delegation on patient outcomes or cost effectiveness of service
- Changing skill mix in teams could be an answer to workforce pressures but is not taken into account in workforce planning

Aims of MUNROS project

- To detail who does what: who undertakes each of the different tasks required to provide care for a patient with the target condition (Inputs and Activities)
- To detail the changes in the roles of established professions, and the drivers for change
- To identify the contribution of new roles and new professions
- To identify any changes in outcomes for patients due to differences in skill mix (Outcomes)
- To assess efficiency and effectiveness of new roles and new professions
- To develop a way of workforce planning based on competencies needed not professional numbers



Setting



- Nine EU and Associate Countries
 - Scotland, England, Norway, Germany, Netherlands, Italy, Czech Republic, Poland, Turkey
- 12 Hospitals and 60 primary care settings per country
- Three clinical pathways
 - Type 2 diabetes
 - Breast cancer
 - Heart disease
- Four years from October 2012 to September 2016



The research

- *Completed*

- Review of nationally available data
- Literature searches
- Case studies



- *Next stage*

- **Surveys of health care professionals, health care managers and patients**



The surveys

- Questionnaires to:
 - Health care professionals, health care managers and patients
- To describe in each partner country
 - Who does what and who makes the decisions
 - New roles and changes in established profession roles
 - Barriers to and facilitators of skill mix
 - Effects on integrated care
 - Patients' experiences
 - Patients' satisfaction



The research

- *Completed*

- Review of nationally available data
- Literature searches
- Case studies



- *Next stages*

- **Surveys of health care professionals, health care managers and patients**
- Review of patient outcomes
- Health Economic modelling
- Improve workforce planning



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Health Care Managers and Patients

- Health care managers
 - Responsibility for staffing decisions, and associated finance
 - Help identifying them
- Patients
 - *Heart Disease patients:* (STEMI), stabilised and up to two years follow-up.
 - *Breast Cancer patients:* three months to two years post-surgery
 - *Type 2 Diabetes patients:* three months to two years post diagnosis
 - Identified from clinic lists by NHS staff
 - Mailed questionnaire or handed out in clinics