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Anaesthesia Associate Workforce Expansion at XXXX
Business Case

FULL BUSINESS CASE TEMPLATE SUMMARY	
Scheme Title	Anaesthesia Associate Scheme
Business Case Register Ref No and Version	*Reference number from Business Case Register and Version of Business Case e.g., Ref: XXXXXXX v.1*
Divisional Clinical Director	
Clinical Leads	
Lead Managers	
Pipeline approval	

Executive Summary

This business case requests investment in Student Anaesthesia Associates (SAAs) to support anaesthesia workforce expansion and elective recovery at XXXX.

The following is requested:

Train X No of student AAs with NHS England funding offer 2023/24:

- Consistent salary support for all students of 100% in year 1 and 50% in year 2 at the following rates (including on-costs):
  - £40,190 (National Rate)
  - £42,261 (Fringe)
  - £46,402 (Outer London)
  - £48,472 (Inner London)
- This salary support is a maximum allowance, and as such any arrangements over and above these values must be accounted for by the employer.
- A tuition fee **contribution** of up to £6,500 per student per annum
- A contribution of £2,700 per student per annum towards educational supervision by a Consultant Anaesthetist.

This creates the following resource pressure:

Student AA costs (year 3 costs as an example below based on assumption of 1 AA Student will be employed at band 7 Agenda for Change (AfC) on qualification, NHSE funding for 2 years training only)

	Year 1	Year 2
Cost to Trust XXXX (factoring in NHSE funding)	Salary = £0 Tuition fee = Between £0 - £550 depending on HEI (varies between HEI. Cost to Trust in Y1 will be the difference between tuition fee and £6,500 contribution per student).	Salary = £20,095 (50% of maximum salary support available using National Rate) Tuition fee = Between £0 - £550

Newly qualified AA costs (based on employment at Band 7 AfC 23/24 National Rate)

	Year 3
Trust cost per AA	£43,742

See appendix 1 for an example breakdown of total costings.

Case for Change/ issue being addressed. (Provide a description of the problem or opportunity, describing the case for change). *RCOA (2022) UK state of the nation report https://www.rcoa.ac.uk/sites/default/files/documents/2022-02/State-Nation2022.pdf	The following case outlines the benefits of an increase in the numbers of Student Anaesthesia Associates (SAAs) across XXXX operating theatres. Demand on anaesthesia service provision has increased significantly over recent years, particularly after the COVID-19 pandemic. Elective surgical waiting lists have increased dramatically, without an increase in the anaesthesia workforce to be able to deal with the backlog. The anaesthesia medical workforce has not increased sufficiently to adequately provide service for the increased demand. We have seen an increase in the consultant workforce gap in UK anaesthetic departments in recent years. The Royal College of Anaesthetists (RCOA) census on the anaesthesia workforce predicts that by 2040 there will be a requirement of 25,500 anaesthetists. In this they predict that the United Kingdom (UK) will have 14,500 anaesthetists, a shortfall of 11,000 (RCOA 2022*). Increasing AA numbers will go some way in helping to address the shortage of anaesthetic doctors. Either by direct service delivery or by enabling others to work more flexibly. This can be achieved through 2:1 working and supporting appropriately selected lists, thereby freeing a consultant anaesthetist to cover major cases or for supervisory and teaching roles. Utilising AAs in anaesthesia teams can bring cost savings and efficiency gains as there could be a reduced need to pay for Locum Consultant anaesthetic cover to fill the workforce gap. Cost of a mid-point Anaesthetic Consultant per annum: £138,620 Cost of a mid-point Band 8a Anaesthesia Associate per annum: £74,463 The main driver of this proposal is the implementation of a stable, continuous, and reliable workforce. AAs can add a great deal of flexibility for an anaesthesia department to respond to increased demand. This is a new way of working. **The AA service at XXXX** • AAs can work in a 2:1 model i.e., two AAs can run two operating theatres, supervised by one consultant anaesthetist. The case load needs to be appropriate i.e., ASA 1 and 2. We need more AAs to cover this across the week at two sites. • AAs assist high-turnover lists, enabling pre-op of patients with staggered admissions and increased turnover of cases to prevent theatre down time. • AAs assist in major complex case anaesthesia where more than one anaesthesia provider is often required. • AAs provide a sedation service for the XXXX department. This has transformed the service by improved care for patients, and increased throughput of cases, without impact on the consultant resource. • AAs allow consistent cover and support for emergency and trauma/urgent operating lists. These lists require reliable and consistent cover by experienced anaesthetic staff, to aid efficiency and quality of care. • In the future, AAs could potentially support the Labour Ward service at XXXX

	AA Capacity On qualification, 1 WTE AA delivers approximately 37.5hrs of direct clinical care over a four-day working week with one day off per week. Typical hours are 7.30am – 5.30pm. AAs work across all sites including: Study leave and professional leave will need to be supported to retain and develop the workforce and as a requirement for revalidation when registered with the General Medical Council (GMC). Regulation with the GMC is expected in 2024 with medicines prescribing to be reviewed following this. Supervision and training support is required at consultant level of 0.25 programmed activity per student per annum. **Proposal - Describe how the proposed solution will address or improve the problem(s) described above.** The proposal is to increase the Anaesthesia Associate capacity at XXXX by training **[insert no of student AAs]** from **[insert date]** with funding from NHS England. For a 7 day/week service, a minimum of 15 WTE qualified AAs are required. This is estimated by the following: • Increased 2:1 work at **[insert site]** (e.g., mainly at Day Surgery Centre) • Cover of AA led sedation services for **[insert services]** (e.g., Interventional Radiology at XXXX) • Supporting one day off per week for qualified AA's and additional study/professional leave • Support time needed for AAs to perform seconded/non-clinical roles. • Support time out of DCC to enable training of student AAs.

Options	**Option1:** **Do nothing** **Benefits:** • Would not incur the cost pressure to train and employ. **Risks:** • Inability to run 2:1 lists and gain the full benefits of the AA model. • Inconsistent cover for **[insert services]** (e.g., sedation services) • Reduction in quality and consistency of care with increased costs (locum) • Insufficient staffing for the future impacted by future retirement/secondment/leave. • Inability to staff elective theatres due to a lack of anaesthetists • Risk of burn-out amongst current anaesthesia staff with increased additional activity and reduced workforce. **Option 2:** **Increase the workforce to meet the demands of the service.** Train **[insert number]** of Student AAs with NHSE funding. Support 0.25 PA consultant time per student per annum for educational supervision. In summary, the AA workforce at XXXX will be as follows: Outline workforce numbers (e.g., 15 AAs – 5 qualified AAs in post, appointment of 6 newly qualified AAs, 4 new student AAs). **Benefits:** • Alleviate some of the reduction in medical workforce trainee and relative reduction in consultant workforce considering increased workload. • Once qualified, AAs will be able to run a consistent 2:1 service. • Training and recruitment of AAs means that we can respond flexibly to demand. • Ability to respond to future leave/retirement/secondments. **Risks:** • Risk of attrition or course non completion. • Significant cost pressure appointing additional staff mitigated by NHSE funding, although recurrent pressure remains.

<table>
<tr>
<td>Summary of preferred option and Proposal</td>
<td>
Option 2. The following is requested:

• Train [insert number] of AAs with NHSE funding.
• Support training through additional consultant's support (£2,700 per student per annum - NHSE funding)

The final AA position across XXXX if this business case is approved is as follows:

Example of workforce numbers:
<table>
<tr><td></td><td>Existing</td><td>Future</td></tr>
<tr><td>Qualified</td><td>X</td><td>X</td></tr>
<tr><td>Student</td><td>X</td><td>X</td></tr>
<tr><td>total</td><td>X</td><td>X</td></tr>
</table>
</td>
</tr>
<tr>
<td>Planned execution on date</td>
<td>
Outline advertisement and interview dates here, with anticipated appointment dates (aligning with HEI intakes):
Further information of each of them can be found at the following:
1. Birmingham University
2. Lancaster Medical School
3. University College London
</td>
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</table>

Summary finance:

To be completed by Business Accountant

Expand each row with relevant detail, e.g., staff type, non-pay category, indirect cost category etc.

Appendix 1

The appendix to this business case sets out the financial model below.

This model is based on:

- Training of 4 student AAs with NHSE funding (Year 1 and 2)
- Permanent employment of the 4 AAs on qualification at Band 7 AfC (Year 3,4,5)
- Substantive AA cost and Consultant Anaesthetist cost based on a 2:1 working model.

Name/Post	Grade	Salary (Inc. On costs)	FTE	Year 1	Year 2	Year 3	Year 4	Year 5
Academic staff costs								
Student salaries	6	48,472	4.00	£ 193,888	£ 193,888			
Educational supervisor	Consultant	138,620	0.08	£ 10,397	£ 10,397			
Pay costs (28 PAs)								
Substantive staff - AAs	7	68,060	3.20			£ 217,792	£ 217,792	£ 217,792
Substantive staff - Anaesthetic consultant	Consultant	138,620	4.00	£ 554,480	£ 554,480	£ 277,240	£ 277,240	£ 277,240
Non-pay costs								
Tuition fees	6	7,050	4.00	£ 28,200	£ 28,200			
Total costs to UCL				£ 786,965	£ 786,965	£ 495,032	£ 495,032	£ 495,032

Income - NHSE	Grade	Salary (inc.on costs)	FTE	Year 1	Year 2	Year 3	Year 4	Year 5
NHSE funding - Student salaries	6	£48,472.00	4	£ 193,888	£ 96,944			
Educational supervisor	Consultant	£2,700	4	£ 10,800	£ 10,800			
Pay costs (budgeted)								
Substantive staff - Anaesthetic consultant (28 DCC PAs)	Consultant	138,620	4.00	£ 554,480	£ 554,480	£ 554,480	£ 554,480	£ 554,480
Non-pay costs								
Tution fees support		£6,500	4	£ 26,000	£ 26,000			
Total income / budget				£785,168	£688,224	£554,480	£554,480	£554,480
Net				-£1,797	-£98,741	£59,448	£59,448	£59,448
Cumulative					-£100,537	-£41,089	£18,359	£77,807

(See page 10 for Appendix 1 landscape image)

Source of Funding/ Commission Impact: *To be completed by Business Accountant*	We will mitigate a large part of our training costs by bidding for NHSE **[insert NHSE Region]** funding for AA training. The number of funded places cannot be confirmed until bids are submitted and returned.
Workforce Impact	The impact will be on the requirement for dedicated consultant training time which is incorporated into the plan. Consultants have SPA (supporting professional activities) time, which can be used for dedicated AA teaching. NHSE funding will contribute to consultant time per student throughout training for education supervision.
Activity Impact	The case is to provide the workforce to support the extra activity predicted, which will not be able to be covered by increased medical recruitment.
Risks and mitigation	Cost pressure for 24 months whilst training. Attrition of learners during the program mitigated through dedicated medical supervision and protected learning time.
Key Benefits	Reduce the risks of reduction in medical workforce. Reduce reliance on locum medical workforce. Expand the anaesthesia workforce to provide flexibility in response to increased demand and pressure. Improve quality of care due to improved consistency, flexibility, and standard operating.
Exit planning	It is anticipated all AAs would be fully utilised within the anaesthetic department. AAs would also have many skills useful in the critical care environment and could support services in that environment with some additional training.
Recommend	

Approvals / Timelines	**Does the business case need to be presented? (Y/N)** **If yes, planned date to present?** **Approval date** Divisional Management Team Care Organisation Investment Committee Group Delivery and Development Committee Executive Digital Health Enterprise Committee Group Capital Committee Committee in Common NHSI Treasury
Other services sign off, where relevant. If not required indicate N/a	

Appendix 1