Briefing Paper

Workforce planning in the NHS

The Kings Fund

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Together for Short Lives

Together for Short Lives is the leading UK charity for all children with life-threatening and life- limiting conditions and all those who support, love and care for them - families, professionals and services, including children's hospices. Our work helps to ensure that children can get the best possible care, wherever and whenever they need it. When children are unlikley to reach adulthood, we aim to make a lifetime of difference to them and their families.

We work closely with the organisations and professionals that provide important lifeline services to children and families. We support, lobby and raise funds for children's hospices and a range of other voluntary organisations to enable them to sustain the vital work they do. We offer resources and training to help them maintain consistent, high quality care from the moment a child is diagnosed, until their eventual death, and to continue supporting families for as long as they need it.

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Purpose of this briefing

This briefing provides a summary of the 46 page original Kings Fund report into a shorter digest that we hope will be useful for NHS and voluntary sector providers who are considering current and future workforce planning.

This paper describes the **current NHS workforce in three key areas: mental health, general practice and community nursing** and tries to address the need to build an understanding of the entire clinical workforce, including staff in temporary roles and those employed by non-NHS providers. We have included a summary of the content relating to mental health and GPs as all children and young people need access to good primary care. The points included on community nursing will all be relevant to children and young people with life-limiting and life-threatening conditions.

Background

There is a major concern in children's palliative care that there are insufficient doctors and nurses to provide care to a growing number of increasingly complex children and young people. This paper looks at how workforce issues have been addressed across the system and makes recommendations to improve workforce planning.

A summary of the key points is presented below – finishing with some key questions for leaders in the children's palliative care sector, including those in HR, education and finance roles.

Points of particular note are displayed in **bold**.

Introduction

- This report focuses on the clinical and financial importance of developing a workforce that is fit for purpose.
- NHS is one of the world's largest employers - 70 per cent of its costs relate to staffing.
- Concentrating on workforce is essential to address cost pressures and future models of delivery such as in *NHS five year forward view* (the Forward View).
- The care models outlined in the Forward View emphasise integrated out-of-hospital care - this requires a workforce that needs more 'generalism' with staff working across different care settings and in teams of multidisciplinary providers.
- The complex and highly technical nature of many clinical roles also means that staff trained in one discipline cannot be redeployed to fill shortages in another.
- **The challenge for the health service is to ensure that there is sufficient staff for current models of care while moving towards new ones.**
- It is vital to understand the nature of workforce pressures and what can be done to address them in both the short and the long term.

- **Workforce shortages are difficult to rectify quickly because of the time it takes to train staff** (three years to train a nurse and up to 15 years to train a medical consultant).

- At local level, there is no single solution to address immediate workforce challenges. Rather, providers will need to consider a range of sustainable strategies - individually and in partnership with others in their local health economy.

- The report looks at strategic policy in 3 areas: mental health, general practice and community nursing.

What is happening in the workforce now?
Mental Health

- Independent and voluntary sector providers deliver 20% of mental health services - there is little data on the independent and voluntary sector workforce in mental health.

- There is a high vacancy rate in psychiatry consultant posts (6.3 per cent) (Health Education England 2015).

- There is no measure of mental health nurses moving into the independent sector -however even if this is considered it is unlikely to offset the consistent decline.

- There will be a large number of retirals over the next few years in mental health nursing.

- Providers describe plans to reduce overall posts by 2019 (in contrast to acute providers) – yet Health Education England plan to commission more training places.

- Health Education England, is responsible for the future workforce of NHS-commissioned care, not NHS-provided care.

- Providers can only employ staff for services paid for by commissioners; the greater strategic priority given to mental health may not be translating into extra funding for staff numbers on the ground. This represents another major disconnect between policy and workforce planning.

What is happening in the workforce now?
Primary Care

- The total number of GPs in England increased to 32,075 FTEs in 2013. Modelling has demonstrated that this rate of increase will not even come close to meeting future demand.
- There is likely to be a significant undersupply of GPs by 2020.
- 12 per cent of GP training posts were vacant in 2014.
- Plans to decrease waiting times led to a sustained increase in consultants in hospitals - this has not been matched in primary care where plans to move care here are meeting a 'GP crisis'.
- **There are no measures of demand in primary care -** of workload or workforce.
- There is a lack of a commissioning and workforce strategy.

What is happening in the workforce now?
Community Nursing

- Data does not give a separation of the range of staff working in most community settings. There is also no data on vacancy rates or demand in the community - or of costs involved in recruiting staff.
- **The independent sector has become a significant provider of community health services (charities, social enterprises and private sector providers).**
- In 2012/13, 69 per cent of NHS spend on community health services went to NHS providers, 18 per cent to the independent sector, and 13 per cent to voluntary organisations and social enterprises.
- Post the Francis Inquiry, demand for nurses within the acute sector has risen considerably, this has caused a slowdown in the previous trend that saw nurses moving in the other direction (from acute to community nursing).
- Demand in the community has risen with increase in acuity and the drive to relieve pressure on acute beds.
- Increases in the workforce have been limited to areas with specific national targets e.g. health visitors.

What is happening in the workforce now?
Agency Nursing

- Workforce data excludes agency staff.
- The RCN estimates that a total of £980 million will be spent on agency staffing by the NHS in England in 2014/15.
- The consequences of this include higher wage bills, poor continuity of care and low staff morale – agency nurses are less likely to be given inductions and their performance is less likely to be assessed.
- If providers in both acute and community 'poach' staff to fill vacancies - it has an impact on worsening staffing levels in key local providers, such as voluntary organisations.
- National regulators influenced acute hospitals to raise nurse staffing ratios in acute hospitals – this required more nurses than were available in England – increasing the spend on agency staff.
- **Some providers are already working together across local health systems collectively setting prices for agency staff and procuring a single preferred provider.**

What is happening in the workforce now?
Geographical variations

- Professionals overwhelmingly tend to stay in the region in which they trained.
- **Regional workforce variations can be highly significant**. For instance, the North East reports the lowest nursing vacancy rates and highest consultant physician vacancy rates. London reports high vacancy rates for nurses but low rates for consultants.
- Regions that found it difficult to fill consultant physician posts included the North East, North West, Kent, Surrey, Sussex and the South West.

How have workforce issues been addressed so far?

At the national level

- The Health and Social Care Act 2012 abolished the 10 Strategic Health Authorities (who had chronically underfunded training) and established Health Education England, comprising a national board and 13 regional local education and training boards (LETBs) so that workforce planning and commissioning could be responsive to local needs and changing workforce requirements. **HEE has an annual, ring-fenced training budget of £5 billion.**

- The postgraduate deaneries now sit within the LETB structure. Contracting for education and training has moved to a tariff-based system to enable national consistency.

- **HEE is the first body tasked with making strategic decisions about workforce planning at local and national levels** - by interrogating and testing LETB plans and other stakeholders such as Monitor, the Care Quality Commission and the Council of Deans of Health.

- In 2015/16, Health Education England allocated £200 million to retraining the current qualified workforce to return to practice - it costs around £2,000 to train a nurse to return to practice compared with around £51,000 to train a new nurse.

- RCGP is considering allowing more GPs to return to practice which typically takes between 3 and 6 months.

At the local level

- **Individual employers decide how to configure their workforce to meet the service requirements set by commissioners and the quality standards set by regulators and others.**

- In the NHS 5,788 nurses were recruited from overseas between 2013 and 2014. Most nurses came from Spain, Portugal and the Philippines. However 17 per cent of international nursing recruits leave the trust within the first two years of employment – some go to other trusts in the area which suggests a collaborative approach to overseas recruitment would be successful.

- Retention of existing staff allows for greater continuity of care and reduces reliance on bank and agency staff. This is partly helped by terms and conditions but also a focus on reputation of the organisation as a good employer and place to work.

- Retention strategies are improved by developing nurse leadership, providing more flexible shift options, aligning patient mix and staffing, providing mentorship and professional development, implementing performance-related rewards, offering flexible retirement options and developing staff engagement activities.

- **Workforce models that include retraining or creating new roles have more success** –e.g. physician associate and other new roles which supplement the skills of nurses and junior doctors.

- Closer control over training will help e.g. Lancashire Teaching Hospitals NHS Trust has signed an agreement with the University of Bolton to train its own nurses, guaranteeing (but not restricting) a job with them on completion.

- Providers could collaborate, with the support of LETBs to share roles and deploy staff across local health systems.

Challenges to Current Workforce Planning

- The complexity of the health care workforce, the long lead times in training new staff and the need to provide care now to those who need it are the main challenges within the cash limited tax-funded NHS.

- Data samples do not include voluntary and independent sector workers.

- HEE's remit is to plan future workforce not to respond to current gaps or to address gaps between planning and service strategies so not addressing shortfalls that already exist.

- **There is no national body with responsibility for overseeing the current workforce; this is devolved to local employers.**

- To counter the response to the Francis Inquiry which potentially risks employing too many nurses in some areas and too few in others, a more planned approach would include balancing retention, promoting return to practice and international recruitment.

- Data from the whole workforce relies on surveys, census, commissioned research, Freedom of Information requests, 'advice' and anecdote – with the result that problems only become visible once they are major as the intelligence comes too late.

Conclusion of the document

- We need a workforce aligned to models of care, rather than the other way round so that care is delivered in teams based around the patient not in professional silos.

- **A more flexible workforce with a breadth of skills and knowledge allows for greater adaptability across care settings.**

- HEE will pay closer attention to the role of generalists in meeting the health and care needs of patients in the future which will involve changes to training and working with providers, commissioners and professional bodies.

- **The clinical workforce of 2020 is practically the one we currently have in 2015.**

- Organisations and their boards need to ensure that they learn from best practice, on retention, retraining or changing skill-mix -and to understand the implications and risks of their planning.

- The lack of data on the independent sector poses a problem for Health Education England when planning for the long-term workforce needs of NHS-commissioned care.

- The lack of national data on vacancy rates and agency staff means policy makers respond to workforce challenges instead of proactively planning.

- It is not clear who is responsible for managing and recruiting the workforce of today; - just as national bodies came together in the Forward View to provide a single perspective on the changes needed, they need to provide the same leadership to address workforce issues.

- Unless there is a national target, as in Health Visiting, there is no role from the centre in managing the current workforce or managing demands on it that cannot be met.

- **Health Education England can only make trained and qualified staff available to the NHS; it is employers and commissioners that make jobs for those staff available.**

- The Forward View suggests a period of low growth – so the NHS can only afford little or no increase in salaries – demand will outgrow supply and the NHS will fail to make the transformative changes needed for its long term sustainability.

Implications for the children's palliative care sector

These questions may be helpful for organisations to consider:

1. **What are the implications of the above for the workforce in children's palliative care both currently and in the future?**

2. **What data would be most useful from the sector to support these considerations?**

3. **What are the financial implications of the above in future workforce planning?**

4. **How can the workforce best be planned around future models of care delivery?**