NHS

Liberating the NHS:

Developing the Healthcare Workforce

A consultation on proposals

DH Department of Health

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Foreword

More than 1.4 million people work for the NHS in England and they are supported by many more people working in community care, in social care, and in public health services. They are the heart of healthcare in this country. Their skills, commitment, professionalism and dedication are key to improving the health outcomes of the nation.

The government is committed to delivering high quality care to the patients and public who depend on the NHS during periods of their lives. To fulfil this commitment, it is vital that every member of the healthcare workforce is supported by the highest possible standard of education and training.

Our investment in education and training is an investment in patient safety and improving healthcare outcomes.

Education and training are integral in ensuring the values and calibre of staff. They are also central to achieving the continuing development of the workforce, which is required as technology advances and opportunities for further improvement of the nation's health develop.

It is central to our vision that the healthcare professions provide leadership in ensuring the quality of education and training – so that locally and nationally we can all be confident about the standards being achieved.

We must also ensure that healthcare providers have the right number of staff with the right skills to provide excellent standards of care both now – and for the future.

Following the reforms outlined in the White Paper *Equity and Excellence: Liberating the NHS*, we want to empower healthcare providers, with clinical and professional leadership, to plan and develop their own workforce. They know what services their patients and local communities require – and they know what staff they need to deliver excellent, responsive healthcare. Therefore they are best placed to commission the education and training that will achieve the right workforce. To do this they will need to work closely with education providers.

This consultation seeks your views on the changes needed to support the development of the healthcare workforce to enable equity and excellence in healthcare. We look forward to your responses.

Andrew Lansley

Secretary of State for Health

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Executive Summary

Chapter 1 – Purpose & Scope

1. The vision set out in the white paper *Equity and Excellence: Liberating the NHS* can only be achieved if healthcare providers employ staff with the skill mix appropriate to deliver a high quality service to patients in every circumstance. That blend of skills will change repeatedly to satisfy the evolving healthcare needs of local communities.

2. Public investment is central to securing high quality services and training. However, we cannot continue to expect top-down workforce planning to respond to the bottom-up changes in patterns of service that will be required by GP consortia. In future the DH will have progressively less direct involvement in planning and development of the healthcare workforce, except for the public health services.

3. So, it is time to give employers greater responsibility for planning and developing the healthcare workforce. Local 'skills networks' of employers will take on many of the workforce functions currently discharged by Strategic Health Authorities, while the quality of education and training will remain under the stewardship of the healthcare professions, working in partnership with universities, colleges and other education and training providers.

4. This consultation document sets out proposals to establish a new framework for developing the healthcare workforce and seeks views on the systems and processes that will be needed to support it. The **final date for responses is 31st March 2011**, but earlier expressions of view would be helpful.

Chapter 2 – Vision

5. The current system of workforce planning has grown in a piecemeal way. There is an opportunity now to fundamentally reshape it.

6. This chapter sets out five objectives the new framework will need to deliver:

   - security of supply, having people with the right skills in the right place at the right time;
   - responsiveness to patient needs and changing service models;
   - high quality education and training that supports safe, high quality care and greater flexibility;

- value for money;
- widening participation.

7. This chapter also proposes 12 principles that should shape the design of the new system. They include:

   - doing at national level only what is best done at national level – leaving maximum opportunities for flexible, local implementation and innovation;
   - security of supply, having people with the right skills in the right place at the right time;
   - ensuring effective professional engagement at local and national levels, with the professions having a leading role on safety and quality issues;
   - ensuring strong partnerships with universities and education providers, to make the most effective use of the skills of educators;
   - sustainable and transparent investment in education and training.

Chapter 3 – Context

8. About 1.4 million people in over 300 different roles make up the NHS workforce. More than half of them are healthcare professionals, including doctors, nurses, midwives, healthcare scientists, pharmacists and a wide range of Allied Health Professionals.

9. Currently Strategic Health Authorities (SHAs) determine where to invest the £5bn central budget for education and training. Most of the money is spent on developing the skills of the next generation of professionals, including clinical placements and other work-based learning through healthcare providers. The Department of Health will continue to ensure this core investment is available to make the sector more self-sufficient and less reliant on international recruitment.

10. Led by SHAs, the current system has made significant progress, notably in improving security of supply of healthcare professionals. However, there are deficiencies:

    - the current system is too top-down;
    - service development planning is often poorly integrated with financial and workforce planning;
    - medical workforce planning and education is managed by postgraduate deaneries within SHAs, largely in isolation from the planning and commissioning of education for other healthcare professionals;

Chapter 8 – Funding and incentives

21. This chapter explains why relying solely on market levers to secure sufficient investment in healthcare skills is an unacceptable risk. It would also be unfair if some healthcare providers bore the costs of providing skills to the local labour market while others did not.

22. Current funding of training and development comes from top-slicing the NHS budget. Over time the Government intends to move to a levy on providers to raise the money needed to train the next generation of healthcare professionals. However, it would not be appropriate to apply a national levy to fund local investment to develop the skills of the existing healthcare workforce. HEE will take a strategic overview of the funding priorities and allocate money to different areas as appropriate. It needs an effective strategic relationship with the funding bodies for higher education, taking account of changes to the funding regime following Lord Browne's Review.

23. The chapter discusses how the flow of funding for education and training can be made fairer and more transparent. It notes that the DH has previously negotiated a benchmark price as a national tariff paid to higher education for the tuition costs of most NHS-funded pre-registration education programmes. Tariffs for medical and other clinical placements and tariffs covering other programmes and placements are to be considered as a way to provide a level playing field. Providers should be allowed time to adjust to these arrangements before further changes are made.

24. The Government asks for views on how quickly tariffs and a levy should be introduced and which healthcare providers should pay. Should it apply to healthcare providers who do not treat NHS patients, but do deliver services using staff trained by the public purse?

Chapter 9 – Transitional arrangements

25. There is a challenging timescale to put in place new systems and processes by 2012 to take on functions of Strategic Health Authorities before they are abolished. Providing stability and continuity will be important.

26. SHAs will hold and allocate the Multi-Professional Education and Training Budget for 2011/12. They will work with local health and social care economies to develop coherent plans for the new local framework. Providers are encouraged to take on SHA staff with appropriate knowledge and expertise.

27. Subject to Parliamentary approval, Health Education England will be established in shadow form in 2011 and as a special health authority to go live in April 2012. The chapter discusses how local healthcare provider skills networks will become legally established, and other transitional arrangements.

- **the context and case for change (Chapter 3):** the range of workforce issues, looking across the whole NHS workforce, the particular issues for the clinical workforce, and the linkages with public health and adult social care;
- **proposals for developing a new framework (Chapter 4):** the key functions that need to be delivered in the system, and their interconnections;
- **increased autonomy and accountability for healthcare providers (Chapter 5):** the basis for the transfer of greater responsibility for planning and developing the workforce to healthcare providers, the obligations this transfer carries with it and the framework required for assurance that all providers will exercise these responsibilities in a sustainable way;
- **arrangements for sector-wide oversight and support in developing the future workforce (Chapter 6):** including a national executive body to provide leadership and assurance, and effective professional and system regulation of safety and quality;
- **proposals for the new public health workforce, arrangements for Public Health England (Chapter 7):** demonstrating the alignment between the planning and development of the public health workforce with the wider framework for workforce planning, education and training;
- **funding flows and incentives which support equity and excellence (Chapter 8):** fair and transparent funding such that money follows the student or trainee, with information available on the quality of education and training to inform student or trainee choice and the commissioning of education;
- **transitional arrangements (Chapter 9):** the practical steps that need to be taken so that there is a smooth transition to the new system;
- **equality and diversity (Chapter 10):** recognises that patients and staff are diverse and there is a need to ensure particular groups are not unjustifiably impacted by this policy.

work in multi-professional teams and drive knowledge creation and new service models through evidence-based research and innovation.

- ***Value for money*** – ensuring transparent funding flows to support a level playing field across providers, with the right accountabilities and incentives at local and national level to support continuous improvement and a system able to demonstrate the value of the investment in education and training.

- ***Widening participation*** **–** supporting diversity and equitable access to services and education, training and development opportunities and a system where talent flourishes free from discrimination with everyone having fair opportunities to progress.

Question 1: Are these the right high-level objectives? If not, why not?

Design principles

2.4 In developing a new approach to workforce planning, education and training, it is also essential that there is agreement about the underpinning principles, which will inform the design. These include:

- alignment with the wider system design for the commissioning and provision of services;

- ensuring that fairness and transparency is at the heart of the new framework and in decision-making;

- ensuring the capability to plan effectively for both current and future workforce requirements;

- taking an integrated and multi-professional approach to workforce planning and to education and training where possible, with stronger whole workforce approaches;

- doing at a national level only what is best done at a national level – leaving maximum opportunities for flexible, local implementation and innovation;

- ensuring effective professional engagement at local and national levels, with the professions having a leading role on safety and quality issues;

- ensuring that arrangements for planning and developing the healthcare workforce have appropriate integration with the approaches to planning and developing the public health and social care workforce;

- there is now much **greater security of supply**. There has been significant investment in education and training so that there are now more healthcare professionals and a better balance between aggregate supply and demand;

- the focus on quality in clinical care and the introduction of new metrics to support education commissioning has **increased the focus on the quality of education**;

- the **new professional advisory boards set up to review the interests of specific professional groups have also made good progress**:

    - Medical Education England – the advisory body that oversees the Medical Programme Board, the Healthcare Science Programme Board, the Dental Programme Board and Pharmacy Programme Board – has been able to give those professions a stronger voice on national workforce issues. In healthcare science, for example, the whole education and training pathway has been redesigned with greater patient focus and greater consistency; and in pharmacy, the profession is working together with public and private sector employers to improve planning and the education base;

    - The Nursing and Midwifery Professional Advisory Board and the National Allied Health Professional Advisory Board have driven forward the development of advanced practice, changing roles and a research culture;

    - The leadership of the Health and Education National Strategic Exchange[ix] and the development of Academic Health Science Centres and Health Innovation and Education Clusters have **brought together partners in health, education and research to drive innovation, knowledge creation and education and training**;

- In some areas there have been **real strides in implementing skill mix changes** to support more productive care, modelled around quality and the needs of patients;

- The **Centre for Workforce Intelligence was established earlier this year to provide leadership and expert authoritative advice** on workforce planning to the whole healthcare sector. It is increasingly able to provide intelligence and objective, evidence-based analysis to inform workforce planning, and advise on risks, opportunities and value for money.

It is important that the new framework builds on these achievements.

4.4 It is important that in designing the framework there is clarity on the duties and accountabilities of the different players – and as a result clarity on who is accountable for driving excellence and innovation, for ensuring value from the investment of public funds, and also for managing risks and taking action. This includes healthcare providers, the national body, the professional and system regulators, commissioners of services and education providers.