Meeting the workforce challenge: Priorities for action

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Make or Break?

Workforce bigger threat than money

100,000 vacancies potentially growing to 250,000 by 2030

10% pay costs - £5.5bn temporary staff

Big issues in social care too

Threats to quality, access and sustainability of services

Significant toll on health and wellbeing of staff

The health care workforce in England

Make or break?

November 2018

Summary

In advance of the publication of the NHS long-term plan, this briefing highlights the scale of workforce challenges now facing the health service and the threat this poses to the delivery and quality of care over the next 10 years. It sets out the reasons why the long-term plan and supporting workforce strategy must address the urgent and mounting challenges facing the health care workforce.

This briefing will be followed in the coming weeks by a more in-depth report that explores five key levers available nationally and locally that could help ameliorate the workforce crisis affecting both health and social care.

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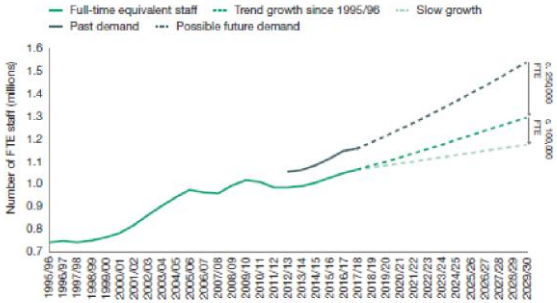
Figure 1: Future supply of and demand for NHS staff



Source: Health Foundation projections, based on workforce data from NHS Digital and Health Education England.

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How did we get here?

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Fragmentation of responsibility for workforce

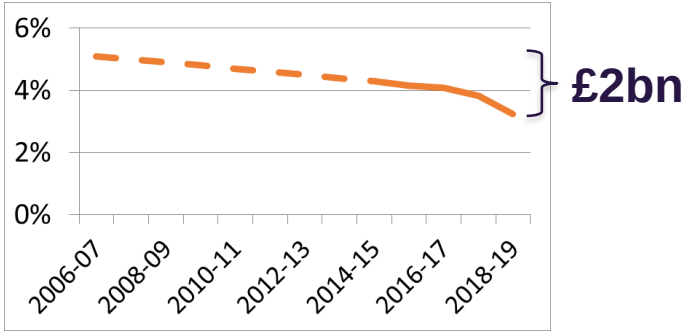
Poor & constrained workforce planning

Cuts in funding for workforce

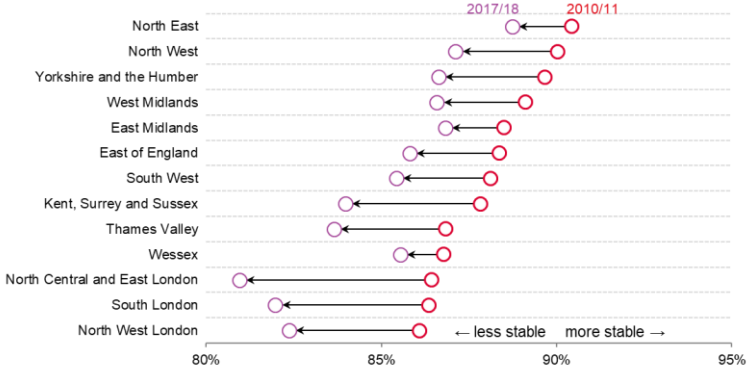
Brexit and restrictive immigration policies

Declining rates of retention

Growing numbers of clinical staff leaving NHS before retirement – impact of pension rules



National funding for training and education as % of total health spend



Stability index by region from 2010/11 to 2017/18 NHS Digital / Health Foundation

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The Long Term Plan Response

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NHS

A Plan for a Plan – Workforce Implementation Plan – by end 2019

Nurse training – expanding numbers clinical placements, apprenti ips. mature students

Medical training – part time and shorter training, enc inc geography and specialty

Primary care – PCNs and expansion MDT

New roles - expansion credentialing

International recruitment – national support

Retention – Extension NHS Improvement

Productivity – support for e-rostering

Leadership – more systematic support – WIP t

Volunteers – Additional £2.3 m support

WIP builds in delay resourcing dependent on spending review

The NHS Long Term Plan

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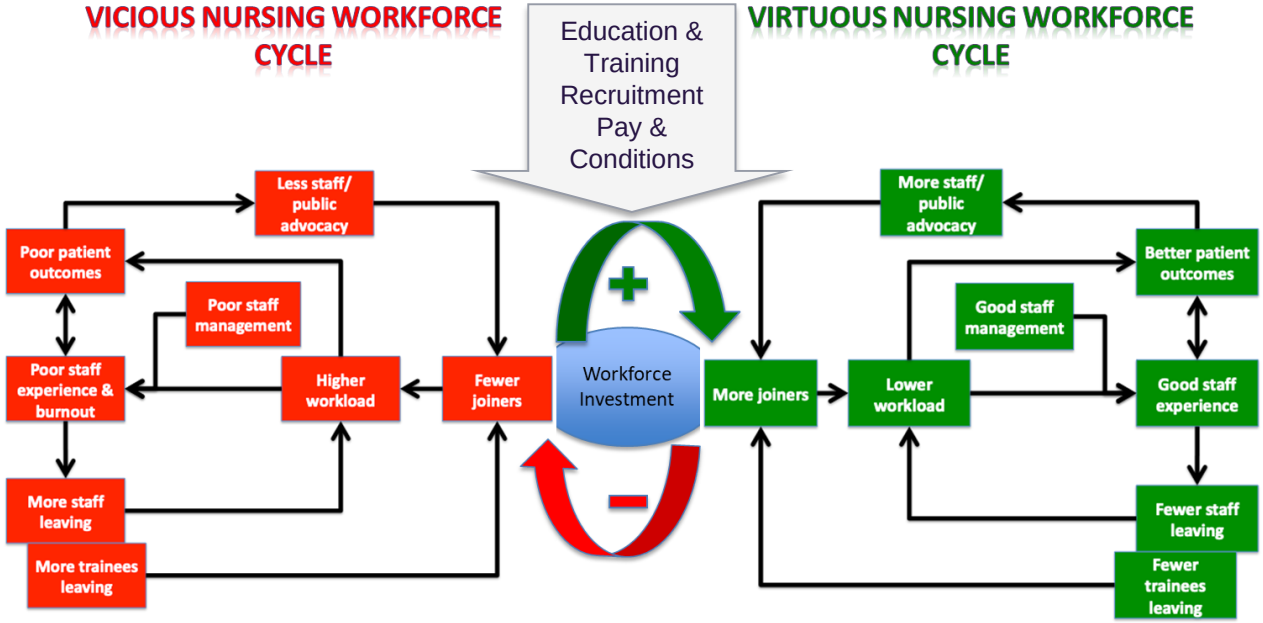
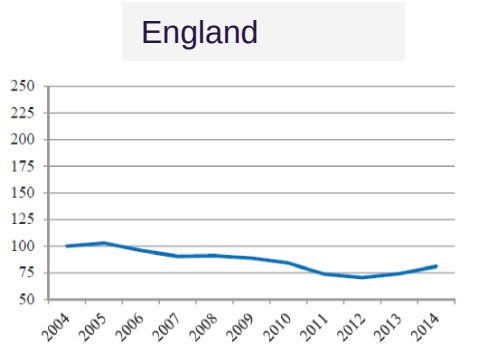
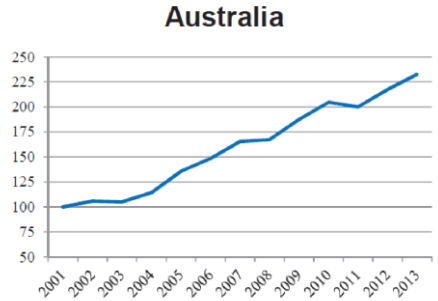
We need to move from vicious to virtuous cycle



Greater incentives for nurse training

Student intake in nursing education, selected OECD countries





Source: OECD

	Living costs	Tuition fees	Placed nurse applicants in 2018 compared to 2016 (2012)[1]
England (pre-2017)	**Bursary** -£1,000 + £3,200 mean-tested	None (**bursary**)	n/a
England	**Loan** -> £11,002	Up to £9,250	**-4%** (+15%)
Scotland	**Bursary** £6,578 - no maintenance loan	None (**bursary**)	**+14%** (+28%)
Wales	**Bursary** £4,567 + maintenance loan £4,000	None (**bursary**) conditional working in Wales - 2 years	**+10%** (+49%)
Northern Ireland	**Bursary** £5,165 no maintenance loan	None (**bursary**)	**-1%** (+110%)

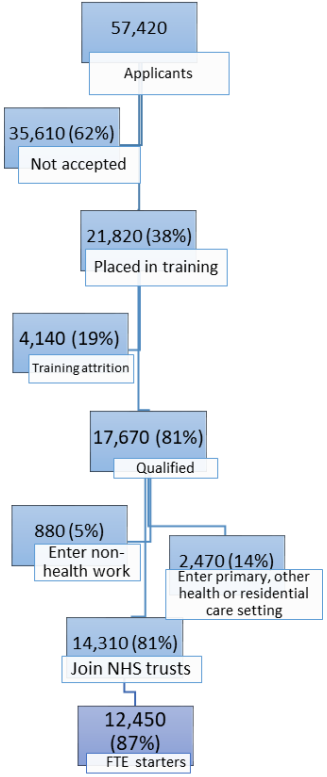
- **Freeze in tuition fees**
- A **reduction in debt repayments** for graduates going on to work as nurses
- Increase in the number of foreign students

Improve training pipeline

Reduce attrition

Currently - for every 5 that enter training only 3 FTE join the NHS

Improve provider incentives for nursing clinical placements



Undergraduate nurse training pipeline, represented with estimates for students starting in 2014

International Recruitment:
Areas where action/support required

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Relocation, family, practical support

Welcoming culture

STP/ICS -wide coordination

New training

Local support

Short term (2-3 years): system-wide approach to active international recruitment

Medium term (4-5 years): allow circular migration, develop people into hard-to-recruit sectors

Long term (5+ years): transition to domestic supply

National support

'Permit' recruitment

Simplify processes

Join-up across government

Retention and engagement

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Early career

Retirement

Early career supervision

Pension policy

Job quality – scope of practice, CPD, progression opportunities

Quality of the workplace, leadership and people practices

Work-life balance, flexibility, shift patterns

Pay and benefits

Location of training (rural / urban, setting)

Right Teams with the right skills and technological support

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Bridge Gaps

Address unmet needs

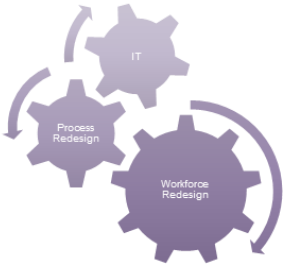
Improve retention

Avoid duplication

Continuity

- Workforce redesign capability
- Investment in CPD
- Professional regulation & accreditation e.g. enable prescribing (PAs and OTs)

- Lack of clarity around role.
- Lack of team support and trust
- Lack of alignment with service improvement and workforce planning



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