

NHS Next Stage Review: workforce issues

Workforce issues, and particularly the importance of engaging and involving staff, are a central theme of the NHS Next Stage Review (NSR). It is the focus of a separate report called *A high quality workforce: NHS Next Stage Review*, and also features in the main report titled *High quality care for all*, the primary and community care report, and the proposed constitution.

Much of what has been outlined on workforce issues has already been signalled and supports the direction of existing work programmes, seeking a more modernised and fit-for-purpose workforce for today's NHS.

It will be important to ensure that employers' concerns and interests are considered as more details emerge and through the implementation of the NSR.

A high quality workforce: NHS Next Stage Review

This report pulls together the work from the national groups on workforce and is divided into the three areas outlined below:

Tomorrow's clinicians

This report seeks to set direction and aspiration in terms of the future roles and careers of

clinicians. It concentrates on the roles of doctors, nurses, allied health professionals (AHPs) and clinical scientists. The core principles underlining all proposals are:

- focusing on quality
- patient centred
- clinically driven
- flexible
- valuing people

- promoting life-long learning.

Across the professions the report identifies three key roles for clinicians as:

- Practitioners – delivering high-quality clinical services for patients
- Partners – working closely with others to manage the balancing of individual and collective needs, integrating care around patients

- Leaders – offering leadership at various levels, from within teams to organisations.

The exact balance between practitioner, partner and leader will be different depending on the professional role undertaken.

For doctors: the report endorses much of the Tooke report, *Aspiring to excellence*, and responds specifically to a number of the Tooke recommendations.

The report supports allowing time to evaluate current models of postgraduate training and foundation pathways in line with the Modernising Medical Careers (MMC) Board's thinking, before making any recommendations for specific changes.

The key proposal is to move, over a period of time, to a system of 'modular credentialing' in medical training over the coming decade. This will allow doctors to be accredited for acquiring the skills and competences at various levels of training but will also help facilitate movement in and out of formal training.

Ultimately, this could dissolve the current distinction between doctors in training and service/SAS roles. All pre-Certificate of Completion of Training (CCT) doctors would be doctors with varying defined levels of competence, either continuing with their training or occupying service posts. This has significant

implications for employers and 'stopping-off' points must match the service requirements of trusts.

The report also promotes the need for doctors in management and leadership roles.

The report proposes greater alignment between clinical excellence awards (CEA) and achieving the NSR vision and quality. CEAs are now considerably more responsive and aligned to local organisational priorities, and further moves in this direction are likely to be welcome to employers.

For nurses: the proposals build on current work set out in the recent consultations on nursing careers from the Department of Health (DH) and Nursing and Midwifery Council.

The report promotes further work on reaffirming the role of the nurse being undertaken by the DH. It also supports the development of metrics to measure and help improve the quality of nursing care. It recommends that nursing should be an all graduate profession which is a proposal supported by NHS Employers in the consultation.

A foundation period of employer based preceptorship is proposed, as well as career pathways and national standards for advanced

practitioner roles, and support for clinical nurse academic careers.

For AHPs: the report supports the framework of competences currently being developed as the right approach for AHP careers.

For healthcare scientists: the report endorses the current programme of Modernising Scientific Careers which is developing a new training and career pathway for the scientific workforce.

For the wider healthcare team: the report stresses the importance of the wider healthcare team and ensuring proper training and development opportunities for all staff. There is a specific proposal for doubling the number of apprenticeships in the NHS although what this means in practice is not clear.

The report also signals the current work on the potential for extending professional regulation.

We welcome many of these proposals which featured in our consultation response.

Workforce planning

The report proposes national and local arrangements for workforce planning.

Throughout the process the concern of NHS Employers

has been to ensure that the workforce planning system is employer led. The report appears to endorse that principle stating: “a belief that quality is best served by devolving decision making as close as possible to the frontline in an environment of transparency and clear accountabilities.”

It states that the system of workforce planning, education and training should be:

- focused on quality
- patient centred
- flexible
- locally led
- clear about roles.

It states that employers, as the service providers, will be responsible for determining workforce plans in conjunction with other providers, primary care trusts (PCTs) and other partners (paragraph 104).

However, the report does then appear inconsistent as the arrangements for the planning cycle set out in detail (paragraphs 122–124) describe a model led by PCTs but with SHAs responsible for producing a single regional plan to cover all providers.

A new national body professional advisory board, Medical Education England, will be

established by the end of this year to support workforce planning, with professional advice and scrutiny for doctors, dentists, clinical scientists and other relevant low volume specialties that need to be planned locally.

Consideration will also be given to establishing a similar body for nurses and AHPs. Similar professional advisory bodies will be set up at SHA level to provide multi-professional and clinical pathway advice on workforce planning at regional level.

The workforce planning process will also be supported by the establishment of a National Centre for Excellence. This will provide academic and statistical support and will be established by April 2009.

However, it is not clear how employers will link into this national centre to drive its work programme. This will be critical if an employer-led model of workforce planning is to be realised.

Education commissioning and funding

SHAs will continue to be accountable for education commissioning and quality assurance, engaging service providers and local health communities to ensure

coherence between workforce, service and financial plans (paras 126–7).

The report proposes the establishment of Health Innovation and Education Clusters (HIECs). These will bring together providers of NHS services in both primary and secondary care, with partners in higher education and industry, to drive innovation and improvements to patient care, as well as raising the quality and pace of development of professional education and training.

Over time these clusters could commission professional education and training. Bids to form clusters will be sought by the DH (paras 128–9). Again it is unclear how employers will drive the work of these groups and we would be keen to see them have a key role.

Significant changes are proposed to arrangements for funding education. The Multi-professional education and training (MPET) budget will be rebased and replaced with a tariff system, where funding follows the student or trainee.

The proposals cover:

- student support - including reviewing current differing arrangements for nursing students

- placement funding – introducing a tariff system
- tuition support – reviewing and possibly extending the current one, introducing a benchmark price
- preceptorship – triple funding available to support preceptorship for newly qualified nurses and midwives
- workforce change – funding to support strategic development for workforce change.

There is recognition that if there are to be significant changes in funding for individual organisations, there must be an agreed transition programme.

There are also a number of recommendations on making arrangements for Continuing Professional Development (CPD) more effective and transparent. This includes a commitment to develop metrics to measure the level and effectiveness of CPD, promoting a board CPD champion, greater transparency, as well as supporting the Skills Pledge.

Leadership

One of the most important aspects of making the NSR vision a reality, will be how the NHS builds on current systems for leadership development at all levels.

The report proposes an NHS

Leadership Council, a system-wide body, chaired by the NHS Chief Executive. This will create an opportunity at the highest level of the NHS for a debate and narrative on the right system of leadership for the service, and a critical oversight of national investment and quality assurance.

Much of what is expected to be delivered through innovative services, world-class commissioning and improved quality and personalised care, will require increased investment in developing front-line staff and a more systematic way of investing in leadership at student/undergraduate level.

The NSR also sets out the aim of identifying the 250 leaders at the top tier of the NHS and investing more in encouraging more clinical leaders into a new strand of the graduate training scheme.

Leading local change, published earlier this year, set out the key principles for leading change locally. Clinically-led service improvements and innovation will be supported by bringing together the direction setting for leadership at the national level for clinicians, boards and managers. In turn, this will be supported by new programmes of leadership development.

To strengthen the standard of

leadership development there will be a new Leadership for Quality Certificate and Clinical Leadership Fellowships.

Values and pledges

The main report sets out a number of rights and responsibilities including new pledges to staff, as well as for the patients.

There are four key pledges to staff:

- providing all staff with well designed rewarding jobs that make a difference to patients, their families, carers and communities
- providing all staff with personal development, access to appropriate training for their jobs and line management support to succeed
- providing support and opportunities for staff to keep themselves healthy and safe
- actively engaging all staff in decisions that affect them and the services they provide, individually and through representatives. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

It is expected that the NHS will 'strive' to deliver the pledges but they are not legal requirements.

The NHS values, which form part of the constitution, were launched at the recent NHS Confederation Annual Conference with the research on 'What matters to staff'. This work plays directly into the agenda on staff engagement and involvement.

The requirements in the Constitution will apply to all organisations who deliver NHS services whether directly or via contract. The constitution is subject to consultation and NHS Employers will seek the views of employers on the staffing issues.

Primary and community care strategy

This is a separate report detailing proposals for primary and community care. This has a series of recommendations which have explicit or implicit implications on workforce issues.

The report stresses the need to concentrate on the promotion of good health and also urges looking at roles in relation to managing care pathways.

This implies considerable change in ways of working and job roles in primary and community care services.

Community health services

There is considerable emphasis on community health services.

A 'Transforming Community Health Services' Board has been established to oversee the development of metrics for community services and supporting clinical change in community services.

There is explicit encouragement for the development of social enterprises to deliver care. PCT staff will have a specific right to request to set up a social enterprise and PCTs will be expected to support their development.

To support this move the Government has announced that staff transferred from NHS organisations to social enterprises can continue to be in the NHS Pension Scheme. This does not seem to apply to transfers to commercial organisations. This is an important development and should facilitate staff transfers although we do need to understand the detail of the proposals.

There will be a series of local pilots for integrated care provider services which could operate across health and social care or primary and secondary care. Clearly these will have implications for staff.

The report also encourages the development of community pharmacy along the lines set out in the recent White Paper.

Primary care services

The report signals a number of changes in primary care which will impact on GPs and their staff.

The report proposes phasing out the Minimum Practice Income Guarantee (MPIG) in the GMS contract. It also proposes developments to the QOF focusing more on clinical and patient experience areas and moving away from organisational issues, and the possibility for more local flexibility.

The report also proposes the development of an accreditation scheme for GP practices which will be rolled out nationally by 2010 and that the Care Quality Commission should become responsible for assuring essential requirements of safety and quality for all GP practices.

Incentives and reward

Whilst the report did not seek to consider issues around pay or reward there are a couple of recommendations that impact on this area.

As stated earlier, the report proposes greater alignment between clinical excellence awards and achieving the NSR vision and quality. It is unclear at present exactly how this should be done but NHS Employers will take forward work in this area.

More generally the report welcomes examples of foundation trusts sharing proceeds of their success with staff and encourages more to do the same.

Coupled with proposals for organisations to be financially rewarded for explicit improvements in the quality of services and patient experience, this seems to offer an opportunity for innovative thinking from trusts in terms of organisational or team rewards.

NHS Employers viewpoint

NHS Employers welcomes the focus on NHS workforce issues and the importance of staff engagement threaded through all the proposals of the NSR.

We have stressed that it is essential that the organisations responsible for providing services and employing staff, are fully involved in the development and implementation of the NSR.

As we move to a more plural service with increasingly autonomous providers this is crucial.

On workforce planning it is essential that employers have the primary role in determining future requirements. The report does seem inconsistent in what is proposed and we will be talking

to the DH about how we can develop a truly employer-led system. The NHS has often been poor at workforce planning and the concept of a Centre of Excellence to improve capacity and capability is welcome, though it is ambitious to expect it to be fully functioning by April 2009. It will be critical that employers have a full input in developing these proposals.

Plans for commissioning of education must not create professional silos and marginalise the role of NHS employers. They are best placed to determine the numbers of different types of trained staff required, as well as ensuring a coherent approach between the different professions and reflecting the needs of the service.

Changing funding arrangements so that money follows the student/trainee is something many have sought for a long time to ensure fairness and equity. However, this will need to be carefully managed over a period of time so it does not impact on the delivery of services in some of our major teaching hospitals.

The proposals for career pathways for the various clinical groups are welcome.

The modernisation of scientific careers is a critical piece of

the workforce jigsaw. Work is already underway which we believe will make scientific careers more attractive as well as delivering greater benefits for the service.

The proposals for a credentialed model of doctors training are radical and far reaching. Employer input in developing these will be essential.

It is right that everyone providing services for NHS patients, regardless of the setting, is working towards the same purpose and vision and can expect similar standards from their employer. The staff pledges represent good employment practice but we do need to understand how these are to operate in practice and how they will be enforced.

We welcome recognition that good management is essential to underpin NHS successes and to take the NHS forward to its next stage.

NHS Employers has consistently stressed the importance of engaging staff to secure improved service delivery and we are pleased to see this so strongly emphasised. Ensuring staff satisfaction is included in the annual health check is also welcome.

NHS Employers supports the proposals in the Primary and

Community Care Strategy.

The proposal to allow employees transferring to social enterprises to remain in the NHS Pension scheme, will certainly facilitate transfers and will also be reassuring to staff. We still need to understand the detail and it is important that arrangements do not inadvertently set up any new barriers to facilitate change or in new organisations themselves.

NHS Employers will seek to take forward the changes required to the GMS contract which are all in line with our current direction of policy.

For the first time, the NSR sets out the broad systems and processes, not targets,

to support employers in driving the workforce agenda and local implementation. NHS Employers will want to engage local employers in the process of taking forward the recommendations to ensure that the employer's voice is integral

to developing the proposals and ensuring their successful implementation.

If this happens, we believe the NSR can represent an exciting and positive step forward for staff and for patients.

Further information

For background information on the NSR, including supporting briefing documents, see www.nhsemployers.org/NHSreview

If you have any comments on the NSR's workforce element, please email us at NHSreview@nhsemployers.org

We will use your views to inform how we can support employers on next steps in the Review.

NHS Employers

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

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