HEE Consultation on draft ten-year health and care workforce strategy for England
Joint AIHO/NHSPN HR Forum response

NHS Partners Network

The NHS Partners Network is the trade association representing a wide range of independent sector providers of NHS-funded clinical services, ranging through acute, diagnostic, clinical home healthcare, primary and community care and dentistry. Our members are drawn from both the 'for profit' and 'not for profit' sectors and all are committed to working in partnership with the NHS and to the values set out in the NHS Constitution. More than 85,000 people are employed and contracted by NHS Partners Network members in the delivery of NHS-funded services across more than 2000 sites serving around 10 million patients annually.

AIHO

The Association of Independent Healthcare Organisations (AIHO) is the trade association for independent healthcare providers delivering independently-funded services across the United Kingdom. AIHO represents over 250 hospitals that provide services to insured, self-paying and NHS-funded patients. AIHO members vary from large hospital groups to smaller, specialist providers of specific surgeries and treatments.

HEE workforce consultation principles

We welcome the publication of HEE's draft ten-year health and care workforce strategy for England in recognition of the significant recruitment and retention challenges currently facing the health service, at a time of record patient demand. The strategy rightly focusses on developing more integrated and 'system-wide' working in the health service, reflecting the broader move towards Integrated Care Systems (ICSs) and the development of Sustainability and Transformation Partnerships (STPs). However, we feel the six principles could be strengthened to better reflect this ambition for more integrated care – broadening them out beyond the NHS, from, for example, "Providing broad pathways for careers/widening participation *in the NHS*" to "*in the health and care system*". This is more inclusive and would better reflect the diversity of health and care provision in England – currently more than 85,000 people are employed or contracted by the independent health sector alone, and given that in some areas such as community services, non-statutory providers deliver almost half of all NHS care, independent and voluntary sector providers should be seen as a core part of any future workforce strategy.

With regards the principle around "ensuring that service, financial and workforce planning are intertwined, so that every significant policy change has workforce implications thought through and tested", this is a highly complex task and will require an honest assessment of the skills and behaviours required in the future health service. We therefore believe that HEE should play a central role in steering this agenda – developing new mechanisms to facilitate cross-organisational working (both within the NHS and between non-NHS providers) and helping support local areas and new models of care navigate this area - a role that is largely vacant in the current system. Given that most independent sector organisations work on a national basis, the existence of a central body such as HEE to coordinate working across regions/local areas would greatly help facilitate more joined up cross sector working.

Attracting and retaining future staff

The health and care sector is currently facing significant challenges in attracting and retaining staff. While there is no one silver bullet to solving the workforce issues, we believe that emphasising the diversity of the health and care system, backed up by effective cross-sector working mechanisms, will be a key part in helping the health and care system attract the staff it needs for the long-term.

"Millennials", for example, are increasing seeking greater flexibility in their working life and promoting the diversity of careers in the health and care sector, in the voluntary and independent sector as well as the NHS, will greatly help in attracting this new generation. Targeted advertisements, making particular use of social media, to promote the broad range of careers in the health system – as has successfully been done in the teaching industry – would also significantly help in attracting the younger generation to the sector. Equally, emphasising the different career pathways on offer - in the NHS, community, the independent, and the voluntary sector - would also help with retaining staff – giving those workers in different stages of their career the option to diversify and try something new, helping reduce the chances of staff 'burning out' and leaving the health and care sector altogether.

Given the specific shortages across the health and care workforce, we believe a targeted approach needs to be taken. For example, specialisms such as rehabilitation have real workforce shortages which the Government should prioritise in terms of increasing placements, with bursaries used for specific target specialisms, notably nurses, to encourage more people into the sector.

With regards GPs, our primary care members have highlighted the difficulties they face in recruiting people into full time posts given the preference to work more flexibly e.g. doing a mix of NHS/private/specialist work. Given the growing numbers of GPs leaving the profession (including those who are newly qualified), it is important that the health service can offer this flexibility, backed up by the necessary financial/administration mechanisms to facilitate such cross sector/provider working.

For many qualified health professionals, including highly experienced consultant doctors, salary is not necessarily the most important consideration in terms of their career but rather training and development opportunities are just as important, if not more so. There are a number of positive initiatives in the independent sector, for example HCA Healthcare have a fellowship programme in partnership with Cass Business School, which gives junior doctors the opportunity to learn skills and practical knowledge of healthcare management to take on leadership and management roles in the institutions in which they work – a model which could be spread across the health service.

Indeed, given the increasing move towards more integrated models of care, not to mention the current high turnover of NHS Chief Executives and senior managers, a much greater focus needs to be placed on building up leadership skills in the health services, with a priority on building the leaders of the future. By improving commercial awareness skills and ensuring leadership capabilities are built into role profiles, this would play a significant role in upskilling senior health leaders and giving them the tools they need to manage future health and care systems. One way to achieve this is to utilise transferrable skills from other industries, with a particular focus on people/behavioural change and digital interventions and solutions.

With regards the increasing alternative routes for people to enter the health and care workforce, notably apprenticeships, nursing and physician associates, we welcome the development of these.

However, to ensure that the opportunities they present are maximised, they must be as inclusive and flexible as possible. As NHS Employers have also argued, much greater flexibility is needed with regards the apprenticeship levy, particularly to extend the amount of time employers are able to access the funds in their digital account given that new healthcare apprenticeship standards are still in their infancy. Equally, with the Nursing Associate Pilots, the majority of independent sector providers were not able to participate in the pilots as they did not meet all the requirements (e.g. a hospital having an ITU/maternity unit), even though they had a significant amount to contribute in other areas of care, reducing the scope for collaborative working between NHS and non-NHS providers.

Facilitating integrated workforce planning

Throughout HEE's consultation document, the importance of STPs is emphasised with Local Workforce Action Boards (LWABs) effectively being the workforce arm of the STPs - bringing together providers, workforce analysts and specialists, commissioners, universities and others to develop the current workforce and plan for the future.

However, in spite of their prominence, LWABs currently feature very little representation of independent sector providers. Given that in some areas independent sector providers deliver as much as 70% of NHS elective care, it is nonsensical to exclude such a key player in a local health economy and we would urge local LWABs to ensure that they map all providers of NHS services in their area and ensure there is sufficient representation of the sector on the Boards. The consultation document highlights a number of measures that LWABs/STPs and emerging integrated care systems are trialling, including an NHS staff 'passport' which would include portable pre-employment checks, employment indemnity and DBS checks. The independent sector would greatly support such an initiative and would welcome the "NHS staff passport" being extended beyond the NHS to the wider health and care system to ensure that pre-employment checks are streamlined and cross sector working is encouraged as much as possible to help improve the overall quality of healthcare services.

More generally, enabling trainee health professionals to undertake clinical placements in independent provider organisations would be hugely beneficial. For example, given that independent providers currently carry out almost one quarter of all NHS trauma and orthopaedics procedures in England, the sector has significant expertise in this area and their facilities could provide an excellent training ground for medical, nursing and allied health professional trainees who want to pursue a career in this specialty. Many independent providers already offer clinical placements for undergraduate students in nursing and allied health disciplines but overall the use of the independent sector for clinical placements is patchy and does not reflect the significant contribution the sector makes in delivering NHS services. We would therefore like to see a system introduced where funding follows the trainee to enable them to experience working in both NHS and independent providers with both sectors being appropriately reimbursed. Equally, under the current system it is very difficult for NHS employers to be seconded to the independent sector – they are required to resign, with the hope they can be re-hired at the end of their period in the Independent sector (forfeiting their length of service, and the terms that go with this) – something which hugely undermines the ability for individuals to gain skills from across the health service.

Looking at more sector specific workforce planning, HEE's consultation document has a welcome focus on the cancer workforce, with a new cancer staff forum to be created to look at best practice in seven professions including diagnostic and therapeutic radiography. The independent sector has a significant amount to contribute in this area - NHSPN member Alliance Medical, as part of an

innovative partnership with the NHS, now delivers PET/CT imaging for approximately 60% of all NHS patients in England. However, despite the significant contribution they make, they are not currently part of the national workforce planning process for PET/CT qualified staff – a key issue when diagnostics volumes are increasing at an annual rate of 10% with the workforce only increasing by 3% annually. As with LWABs, it is important that any workforce forum, whether local or national, comprehensively assesses the relevant capacity available, whether it's independent or NHS, to help support workforce planning/workforce initiatives.

Data and planning

HEE's draft strategy rightly states that "*as more organisations beyond the NHS become involved in commissioning and delivering healthcare…developing a shared understanding of this across the whole system will improve planning and encourage co-ordinated action to address staffing issues"*, with a commitment for HEE, NHSI, NHSE and NHS Digital to review data requirements across the system and "*to understand the dynamic of the whole workforce not just that employed by the NHS."*

This is a very welcome development as too often data collection, whether through the wMDS, WRES/WDES, is developed purely for NHS organisations and can create significant barriers for independent providers to submit relevant and accurate data e.g. many of the WRES indicators make reference to the NHS staff survey or NHS pay bands which the independent sector does not utilise. To ensure that all health and care providers, regardless of whether they are NHS or non-NHS organisations, can contribute meaningful workforce data (and indeed have a role in steering what data is deemed relevant for collection), we would like to see a change in the culture of data collection with a move towards much more universal simple data definitions and fields which explicitly support workforce planning across organisations, rather than collecting data beyond what is required for the stated purpose.

We hope you find this response helpful and AIHO/NHSPN's HR forum would be very happy to discuss our suggestions further and how we can work together with HEE to make them a reality.