

Briefing

NHS Workforce Plan Published by NHS England, June 2023

Introduction



Across the NHS there are around 590 million patient interactions, with 1.6 million contacts each year. The successful clinical outcomes relating to those contacts depend on the NHS workforce. It is a diverse body consisting of both clinical and non-clinical healthcare professionals.

Members of the Pharmaceutical Industry will have some experience of engaging with NHS staff and, no doubt, they will appreciate the complex nature of their work. The connecting rod between the Industry and NHS workforces is the desire to do the best they can for patients, enhancing outcomes with every interaction.

In this digest of the NHS Long Term Workforce Plan we hope to help you understand its key proposals and identify ways in which Industry can continue to successfully engage with the NHS workforce.

James Roach
Managing Director
Conclusio

Main Points of the Plan

What it is.

- A comprehensive plan to deal with predicted workforce shortfalls, anticipated to range between 260,000-360,000 by 2036/37, via
 - Retention – reducing leaver rates.
 - Recruitment.
 - Professional development – including domestic education provision to be expanded by 50-65% in 15 years. Improved infrastructure to increase physical capacity for education and training, and increased education funding.
- A means of creating a sustainable staffing model to deliver the objective of improving patient care.
- A purposive proposal that supports the workforce ambitions within the NHS Long Term Plan, namely,
 - Make the NHS a great place to work.
 - Strengthen and support leadership.
 - Ensure the NHS has the right people with the right skills to care for patients now and in the future.
 - Enhance retention.
 - Empower workforce to use new technologies.
- A recognition of the need to support interdependencies including:
 - Investment in Social Care.

What it isn't.

- A short-term fix – it is recognised that improvement will take years to have a discernible impact.
 - Current workforce issues will persist.
 - International recruitment will continue to grow.

What's new?

Recognition of need to consult and collaborate with pertinent industries, the Plan specifically cites the following:

...We know that recruiting managers in the NHS lose good candidates, particularly for direct entry roles (such as healthcare support workers), as candidates can secure a quicker start date with other big employers. We are working with system partners and industry experts to understand how NHS systems and practices could change to address this...

...NHS England is collaborating with the Royal College of Surgeons of England, the accrediting surgical bodies, and the robotic industry providers to build a framework for a robotic curriculum. The aim is to create a roadmap for implementing the curriculum, which will identify barriers to training and offer solutions to overcome them. This will lead to provision of a fully trained, accredited RAS surgical workforce with demonstrable patient benefit...

...As part of the strategy, NHS England will explore the future genomics training and development model with academia and industry over the next 3–5 years, particularly for specialist staff such as bioinformaticians, to secure future supply for the NHS and to share experience and knowledge...

Source: NHS Long Term Workforce Plan

<https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf>

The Plan reinforces the need to accelerate what has proved to be effective (but not universally adopted), including:

- Increase in apprentice training across professions including medicine.
- Increased public health training.
- Developing further advanced role.
- Developing further supporting roles (eg, physicians AHP and nursing associates).
- Increased training numbers for pharmacist and making all newly qualified pharmacist independent prescribers.
- Volunteer roles as pipelines for NHS careers.
- Improved well-being services (to reduce sickness and leaver rates).

What are the risks?

That improvements will not be manifest quickly enough for existing staff and the public and that morale could continue to deteriorate, wait-times and treatment delays could get worse and performance might not improve at the desired rate in the short-term.

It is within the context of this short-term challenge that Industry could offer partnership solutions for the long term gain and benefit of the NHS and the people it treats.

Opportunities for Industry

Training and education

Supporting the training and development capacity and capability. Industry has habituated effective training and personal development across a diverse human resource, including,

- On the job training,
- Structured programmes,
- Accessing both internal and external development opportunities,
- Supporting HCPs to work in different settings, add value as part of a wider multidisciplinary team and work pan-speciality, and on a multi-morbidity basis.
- Support medicines lead to shift focus from medicines management to medicines optimisation.
- Responding to technological advances.
- Models that balance the need for personal growth and contributing to corporate growth.

Industry has optimised its education and training disciplines to attract and retain talent, develop its professionals and respond to evolving markets and opportunities. Its history here would be a valuable asset to share with the NHS as it addresses its training and education needs over the coming years.

Supporting productivity – medicines optimisation

Industry already adds significant value to the NHS ability to deliver value through the medicines it prescribes. The Workforce Plan indicates the need to enable further NHS healthcare professionals to help patients get the right medicines at the right time and engage with that process. Industry has a wealth of real world evidence on the utilisation and patient benefits derived from its medicines, which can help integrated care systems with the goals of,

- Understanding the patient experience.
- Supporting prescribers.
- Supporting patient choice and participation in their own care.
- Delivering medicine optimisation as everyone's 'routine practice.'
- Supporting medicines adherence and safety.
- Reducing medicines waste

Supporting productivity – new roles and joined-up working

The introduction of new roles within the NHS has increased the need to ensure effective ways of cross-sector and multi-disciplinary ways of working. The advent of the Additional Roles Reimbursement Scheme (ARRS) in primary care has added a panoply of health and social care professionals who can improve patient outcomes and experience.

This focus on 'place-based' population health management is a move away from a 'body-part' and secondary care medicine model. Patient improvement will be viewed through a more holistic lens and Industry is well-placed to work with the NHS to co-design and co-own solutions that,

- Meet more patient needs in the community.
- Support both preventative health measures and well-being improvements.
- Reduce hospital admissions and episodes of care.

In a changing NHS, Industry can be of critical importance in bringing down the walls between the healthcare sectors and replacing them with fluid routes of treatment that allow patients to access the care they need where they need it.

At a local level, place-based partnerships and provider collaboratives offer an opportunity to join-up resource and leadership. Industry can be part of creating a shared local vision of healthcare and understanding how decision-making might change, and where it might sit, in the future is important. Engaging with existing and future decision-makers will demonstrate Industry's commitment to transformation and innovation across optimised, multi-disciplinary care pathways at a local level. It also provides the means by which it can help in localising the Workforce Plan within each integrated care system.

Supporting productivity – new technologies

Technology, in its various forms, has created new opportunities in patient care. These include,

- Reducing the reliance on the NHS physical estate and opening up the benefits of remote care.
 - Providing education and training to NHS leaders and healthcare professionals on how to support patient expectations and deliver positive outcomes.
 - Linking up health and care professionals across the multi-disciplinary estate, activating specialist and specific clinical inputs.
 - Capturing and making best use of data for follow-up care and use in predictive models of future care.
 - Drawing together social and health care via apps that monitor the needs of vulnerable people (particularly those with multiple morbidities and long term conditions) and intervene at the right time to reduce exacerbation and avoidable hospital admissions.
- Patient self-management technologies – Apps and wellbeing portals.
 - Patient reporting that flags decreasing well-being and symptom flare.
 - Provides valuable information on how patients are responding to medicine regimen and interventions.
 - Education and training on the type of infrastructure required.
- Precision medicine and genomics.
 - Exploring knowledge exchange as part of an early funding platform that expands development, increase progress and opens access to medicines more widely.

- Transforming treatment pathways by reducing invasive and involved interventions.
- Enabling the means of preventing or delaying the onset of disease.
- Data
 - Real world evidence.
 - Patient reported experience and outcomes.
 - Clinical trials and research.
 - Supporting and embedding best practice protocols.
 - Enabling key clinicians to actuate the entire pathway workflow, reducing unnecessary referrals and duplication and make clinical decisions in real time.
 - Combining data sets to predict the likelihood of disease across different populations and model better and earlier interventions.
 - Artificial Intelligence (AI) – Particularly the use of algorithms to analyse health care data for the purposes of diagnosis and triage.
 - Activating the most appropriate clinician input.
 - Directing self-care.
 - Supporting NHS back-office tasks.

Conclusion

It is clear that the NHS Workforce Plan provides a continuing platform for joint and collaborative working between the NHS and the Pharmaceutical Industry. It indicates the need for education, training and both individual professional and local health system development. Industry can respond by reviewing its alignment with the workforce needs identified in the Plan, as driven by the current and future population health needs contexts, and engaging at the right time, with the right decision-makers and on the right challenges and issues. Understanding the when, who, what and why is fundamental.

Industry should reflect on what it has in its locker, for instance –

- Can it help identify key health challenges and outcome disparities? Is it able to share these with local health system leaders and collaborate with them on a solution(s)?
- Does it incorporate NHS challenges into its own corporate decision making and planning at every stage of its own process?
- Are its client-facing teams appropriately aligned with the current and emerging NHS workforce dynamics?
- Is it ready to engage with purpose?

Conclusio has been supporting the Pharmaceutical Industry to answer these questions and determine approaches as part of their medicine access and uptake strategies.

For further information contact

James Roach
James.roach@conclusio.co.uk

or

Johnny Skillicorn-Aston
Johnny.skillicornaston@conclusio.co.uk