

London Higher - consultation response to *Liberating the NHS: Developing the Healthcare Workforce*

Summary

1. This paper sets out London Higher's response to the Department of Health's consultation on the proposals in *Liberating the NHS: Developing the Healthcare Workforce*. London Higher is making this response on behalf of its members in the Healthcare Education Group and London Medicine.
2. The main message is that any changes implemented need to recognise **the positive contribution and fundamental role higher education institutions make to the healthcare system**.
3. In addition this paper sets out those areas that are welcome in the proposals and those where there are concerns. These fall under the following headings:
 - Healthcare Education England
 - Multi-professional workforce planning
 - Transition
 - Planning for the future
 - Widening participation
 - A meso-level function

Approach

4. The views expressed in this paper have been formulated from:
 - a. discussions with members and stakeholders from two of London Higher's advisory groups, the Healthcare Education Group and London Medicine;
 - b. the discussion which took place at a London Higher breakfast briefing about the consultation paper held in February with Candace Imison, Deputy Director of Policy, The King's Fund and Sir John Tooke, Vice Provost (Health), University College London;
 - c. two consultative meetings with the Department of Health's Director for Workforce Development and members of the Healthcare Education Group and London Medicine and;
 - d. London Higher's ongoing analysis into the nature of healthcare education in London.

London's healthcare context

5. There are 18 HEIs (higher education institutions) in London delivering medical and a range of healthcare education and research. These include globally recognised research intensive colleges, multi-faculty research and teaching-led universities and colleges specialising in a certain field.
6. London teaches a full range of programmes for medicine, dentistry, nursing, midwifery, pharmacy and allied health professions to 65,270 students (22% of all students studying healthcare subjects in England), more than anywhere other region in the country¹. In 2008/09 London secured £584,242,000 in research grants and contracts for research into medical, dental and healthcare subjects, a total of 43% of all research income awarded to English HEIs in these fields².
7. In London there are presently 31 primary care trusts, 21 acute trusts, 3 mental health trusts and 15 Foundation Trusts³. In 2009/10 London's hospitals admitted 2,238,975 inpatients, more than any other region in the country⁴.
8. London's healthcare higher education and service delivery is large and complex. Its success and excellence rests upon collaborative relationships across a range of organisations within the sector.

Our position: the positive contribution HEIs make to healthcare provision

9. With such a diverse HE membership each London healthcare HEI will have its own take on what the implications of the proposals in the consultation paper *Developing the Healthcare Workforce* will mean for them.
10. However there is one perspective shared by all of London's healthcare HEIs and that is the need for **any changes implemented to recognise the positive contribution and fundamental role HEIs make to the healthcare system.**
11. HEIs provide high quality teaching, informed by research, to produce a highly skilled healthcare workforce. However, HEIs do not just train the healthcare workforce they also provide:
 - a. an academic workforce contributing to research and development, informing and evaluating new methods of practice;
 - b. innovation in the health service and service transformation;
 - c. a continuum of education through continuing personal and professional development and postgraduate education to enhance the skills of the current workforce and;
 - d. learning and employment opportunities to those that may not always have had access to them.

¹ Higher Education Statistics Authority, Students, 2008/09

² Higher Education Statistics Authority, Finance Plus, 2008/09

³ NHS London

⁴ Hospital Episode Statistics

12. All of these activities take place in partnership with Trusts, the voluntary and third sectors. This has created positive interdependencies that are fundamental to the delivery of healthcare. These activities and partnerships are both formal and informal and may or may not incur costs. It is important that the benefits of these relationships are not lost in the reforms. Skills networks need to understand the fundamental role universities play in the delivery of healthcare and recognise this through ensuring representation across the professions and as equal partners.

Issues and opportunities arising from the consultation paper

13. Differing institutions will have identified their own issues and opportunities arising from the consultation paper *Developing the Healthcare Workforce*. Below we have set out those areas our members shared a view.

Healthcare Education England

14. Introducing a multi-professional national oversight body for the education of the healthcare workforce is welcomed and timely. However, it is not clear how HEE will ensure representation across the professions, enforce its responsibilities nor how workforce planning for specialities will work at a national level. It will be important for the Chair of HEE to have the appropriate skills and experience and be able to command the confidence of all professional and employer groups.
15. It is important that the valuable resources provided by the synergistic relationship between London's universities and the health system is not compromised, but can continue to contribute to the workforce on a national scale.

Multi-professional workforce planning

16. Multi-professional workforce planning is welcome. This will provide an opportunity to improve patient outcomes through integrated care and patient-centred pathways.
17. Both public health and social care are an essential part of integrated care. It would be a lost opportunity of these reforms not to include these professions in multi-professional workforce planning.
18. HEIs can make a valuable contribution to developing a multi-professional workforce that is flexible and adaptable. HEIs provide much of the education and training for the healthcare workforce and can work with providers to develop their current staff to meet the needs of new and changing practices by creating and qualifying new programmes and CPPD.
19. New models of care will require strong partnerships among providers, GP consortia and HEIs. HEIs would bring expertise and experience of providing world class professional education, a research base and innovation to this process. This will benefit multi-professional workforce planning. We urge the government to require skills networks to include HEIs as partners and collaborators in co-production of education and training

Transition

20. The pace of change proposed to implement these proposals is exceptional and poses significant risk of loss of expertise, relationships and capacity within the system. That these changes are proposed to be implemented alongside further reform within the NHS, in particular the abolition of SHAs, means the timescale presents real risks. It is important that a sound transition plan is developed and in place before the abolition of SHAs, one which clearly sets out the roles and responsibilities of all organisations engaged in workforce planning and education and training.
21. In order to mitigate the above risks, it would seem sensible to implement the changes in a staged fashion to ensure the outcomes will meet new requirements of service change within a timely fashion. It would seem there are advantages to aligning a phased introduction alongside some of the already established GP pathfinders.

Planning for the future

22. Multi-professional workforce planning and integrated care pathways will need to be reflected in education. The educational pipeline for healthcare professions is long and patient needs are changing. It is important to think ahead to understand the skills required and the working environments that graduates will be practising in.
23. Scenario planning should be encouraged as a method to accurately inform workforce and education planning. This process would assist HEE in mid-long term workforce planning and help to align national and local education and training plans with the strategic commissioning intentions of the NHS Commissioning Board.
24. It would be beneficial to engage HEIs in this process to capitalise on their knowledge and ensure their education and training remains responsive to the changing needs of the service.

Widening participation

25. Widening participation relates to scenario planning and multi-professional workforce planning and should be considered alongside both processes. Health care providers contribute to local economies and also benefit when their workforce is drawn from the local population. Universities' policies on widening participation have successfully contributed to realising potential in local communities.
26. It is necessary to highlight the need of aligning health and education policy. Present education policy has introduced baseline tuition fees which are nearly twice as high as previous fees. Although HEIs wishing to charge more than the baseline will be subject to strict access agreements (governed by OFFA), there must still be concern that the trend in increasing HE costs will make it harder to recruit students to healthcare courses.
27. NHS Bursaries play a part in supporting widening participation. Therefore to help meet the objective in the proposals of widening participation it will be important for bursaries to continue in some form.

A meso-level function

28. The proposals raise the question of what is the optimum/effective size of a skills network to ensure a long term and evidence-based approach to workforce planning and commissioning. This issue of scale is important to ensure the right skill mix and workforce capacity/intelligence is available to enable the alignment of workforce development with addressing wider public health challenges, regeneration and health care economies. Scale is also important for the delivery of postgraduate education and training and to achieve value for money in the delivery of CPPD.
29. Strategic opportunities for workforce planning, widening participation, the delivery of postgraduate and CPPD education and training, and scenario planning exist between the local and national level that are not reflected in the proposals.
30. It may be the case that such an arrangement is only necessary in some areas, perhaps where there are multiple skills networks within one region, a likely scenario in London.
31. A meso-level would also rationalise the number of organisations with which HEE would need to work with, helping to ensure it remains a lean organisation able to focus on its core responsibilities.

Conclusion

32. The proposals present some potential benefits to healthcare education and training. The benefits will be greatest if skills networks understand and value the contributions HEIs make to the healthcare system.
33. There are some risks in the proposals that a meso-level function could help to mitigate. This is particularly the case in London where there is a large and complex healthcare environment, one which makes a significant national contribution.

Further information

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