Education and Training Plan 2016-2017

Commissions and Training Numbers
## Contents

**Education and Training Plan 2016 - 2017** ................................................................. 4

1. **Introduction** ............................................................................................................. 4

2. **Overview of the Process** ......................................................................................... 4

3. **Workforce Planning Cycle 2015** ............................................................................. 6

4. **Demand and Supply Modelling** ............................................................................ 7

5. **Education Commissioning and Development** ......................................................... 7

6. **Summary of Recommendations 2016/17** ............................................................... 8

**Staff Group Factsheets Explained** ................................................................................ 11

- Adult Nursing .................................................................................................................. 12
- Mental Health Nursing .................................................................................................... 14
- Learning Disabilities Nursing ........................................................................................ 15
- Childrens Nursing ............................................................................................................ 16
- Health Visiting ................................................................................................................ 17
- School Nursing ................................................................................................................ 18
- Midwifery ......................................................................................................................... 19
- Diagnostic Radiography .................................................................................................. 20
- Therapeutic Radiography ............................................................................................... 21
- Physiotherapy .................................................................................................................. 22
- Occupational Therapy .................................................................................................... 23
- Hospital Pharmacists ....................................................................................................... 24
- Pharmacy Technicians .................................................................................................... 25
- Operating Department Practitioners ............................................................................... 26
- Clinical Psychology ........................................................................................................ 27

**Community and Practice Nursing** ............................................................................... 28

- Community Nursing ....................................................................................................... 28
- General Practice Nursing ............................................................................................... 28

**Healthcare Science** .................................................................................................... 30

- Workforce Demand and Supply ............................................................................... 30
- Proposed Commissioning and Actions 2016/17 .......................................................... 31

**Child Psychotherapy** .................................................................................................. 32

- Proposed Commissioning and Actions for 2016/17 .................................................... 32

**Sonography** .................................................................................................................. 33

- Proposed Commissioning and Actions for 2016/17 .................................................... 33

**Endoscopy** .................................................................................................................... 34

- Proposed Commissioning and Actions for 2016/17 .................................................... 34

**Paramedics** .................................................................................................................. 35

- Proposed Commissioning and Actions for 2016/17 .................................................... 35

**Improving Access to Psychological Therapies** ........................................................... 36
1. Introduction

Health Education England (HEE) is responsible for ensuring that our future workforce has the right numbers, skills, values, cultural sensitivities and behaviours to meet patients’ needs and deliver high quality care.

The need to support the development of a workforce which will deliver high quality patient care with staff working in extended roles across a variety of settings has been further emphasised with the publication of The NHS Five Year Forward View (DH, 2014). The Five Year Forward View sets out a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. It highlights how the traditional divide between primary care, community services and hospitals is increasingly a barrier to the coordinated health services patients need, and that the NHS will increasingly need to dissolve these traditional boundaries by introducing various new models of care.

In January the NHS invited organisations to apply to become ‘vanguard’ sites for the New Care Models Programme. On 10 March 2015, three sites within Wessex were among the first wave of 29 vanguard sites chosen nationally. HEW will work with the vanguard areas to support the development of the workforce required to deliver the New Care Models.

This annual education commissioning and training plan (ECAT) supports the priorities highlighted in the 2015/16 HEE Mandate. The Mandate reflects the updated strategic objectives of the Government, and sets out HEE’s role in improving the quality of education and training in England, as well as the requirement to support NHS and public health service priorities aligned under the following:

- From pregnancy through to adulthood – ensuring the best start in life for every child and young person
- Delivering integrated care that meets the needs of people and their families
- Mental health
- Public health
- The right healthcare workforce with the right skills, values and competencies
- Value for money, transparency and reforming education and training funding

The ECAT sets out the intentions for 2016/17 and is driven by the overarching principle of aligning commissions and training numbers and education investment with future workforce need. Planning for the supply of the future workforce will represent the majority (by value) of the HEW 2016/17 investment plan.

2. Overview of the Process

A five year workforce demand forecast template and questionnaire were made available to HEW members in April. The template required Trusts to complete a forecast for all medical and non-medical staff groups. The five year demand forecast is necessary because of the long lead-in times when planning the professional workforce supply and investing in non-medical undergraduate training and postgraduate medical training.
The Health Education Wessex (HEW) workforce planning team develop an annual analysis and forecast model of the local workforce supply and demand trends. This uses the intelligence gathered from Trusts’ demand forecasts and questionnaires along with additional intelligence from local authorities, the Clinical Commissioning Groups other social care providers and intelligence from national sources such as the HEE Workforce Plan for England, the Centre for Workforce Intelligence, and national policy priorities, including the Health Education England Mandate.

A Commissioning and Supply Tool (CAST) has been developed locally, to model various professional staff group scenarios. Historical commissioning numbers and future workforce data can be loaded into the tool, producing supply and demand scenarios for three to five years forward. Outputs from CAST are used to produce the workforce analysis which underpins the education commissioning decisions.

In parallel the postgraduate medical team work with Trusts to agree medical specialty training numbers each year as part of the overall ECAT plan. The 2015 HEE Workforce Plan for England outlined the HEE position that future changes in investment in post-graduate medical education will be made decisively and at scale. During 2015/16 HEE nationally and at LETB level will begin a rolling programme focussing on developing three-year commissioning plans for a defined list of selected specialties each year. The recommendations from the process being undertaken this year will be implemented in Summer 2017.

Final commissioning numbers are provided to education providers, and medical training numbers will be confirmed with Trusts by December 2015. Further iterations of the full investment plan for 2016/17 will be developed covering a range of future scenarios, and will be confirmed once allocations from Health Education England have been finalised. The investment plan includes spending plans in all of the following categories: future workforce, workforce development, education support, national programmes and running costs.
3. **Workforce Planning Cycle 2015**

**Health Education Wessex Planning Process**

- **Five Year Demand Forecasts, Workforce questionnaires Supply Modelling**
- **Local Workforce Development Groups**
- **Commissioning Plans**
- **Provider Local Plans**
- **National Forecasts**

**2016/7 Investment Plan**

**Education Commissioning and Training Plan 2016/17**

- **CPD plans Band 1-9**

**2015 April - June**
- Provider integrated plans to Monitor and NHSTDA (April)
- Provider 5 year workforce demand forecasts and questionnaires
- Sense check and iteration of LETB demand forecasts

**2015 July - Sept**
- LETB produce draft supply and demand forecasts for consultation
- Supply and demand consultation with local workforce development groups
- LETB 5 year demand forecasts to HEE (14th August)
- Initial 2016/17 LETB investment plan (including medical training numbers) to HEE (25th September)

**2015 Oct - Dec**
- Draft education commissioning numbers to education providers
- HEE approval of LETB investment plan (workforce plan for England)
- Providers confirm CPD plans (Dec)

**2016 Jan - March**
- Confirmation of commissioning numbers with HEI's. HEE agreement of variation from investment plans
4. Demand and Supply Modelling

The workforce demand assumptions, against which future supply scenarios have been tested, are:

- NHS employers affordable workforce demand
- Historic workforce trends
- Population growth and need
- Impact of service redesign
- National priorities

The workforce supply forecasts for non-medical staff are constructed from:

- Current size of the NHS employed workforce
- Participation rate of the current workforce (full : part time working patterns)
- Number of new graduates in training, minus attrition and adjusted for: participation rate, retirement rates, numbers leaving the workforce, numbers joining the workforce.

All these factors generate possible future forecasts, which are tested in consultation with stakeholders. ¹

5. Education Commissioning and Development

Successful non-medical education commissioning is only possible with the support of all partners in the system as up to 50% of pre-registration training takes place in practice placements. Modelling high quality, patient-centred care to inform and develop the expertise of our future workforce is essential. This shared responsibility for educating the workforce of the future is reflected in the contractual arrangements of Health Education England via the Learning Development Agreement (primarily with NHS trusts) and the Education Provider Agreement (with HEIs) and underpinned by the Partnership Agreement between the placement providers and the education providers.

Demands on high quality placements/training posts from across the professions and education providers continues to be a challenge, especially as new ways of working develop and elements of the patient pathway move to ‘any qualified provider’. We need to challenge our service areas to support all our learners throughout the year in order to ensure we have sufficient placement capacity in a wide range of settings, for example we need to consider that to commission 50 extra nursing places our education providers will need a corresponding additional 1000 (WTE) weeks of placement per year – the need for close partnership working is central to achieving this.

In addition, we need to work innovatively to secure placement/training posts now that will develop the skills that our learners will need in the service models of the future (no mean feat for programmes that can take up to 12 years to complete); initiatives such as

¹ Sources are:
NHS Trust Five year demand forecasts and questionnaires
ESR Regional data warehouse data at March 2015, National census data Sept 2011
the national drive to move care closer to home means our learners need to develop these skills during their training period.

HEW remains committed to ensuring that the demands for quantity and variety are not achieved at the expense of our commitment to quality; all our learners should have an excellent experience every day and this can only be achieved through robust quality management and assurance processes, including ensuring all learners and mentors recruited possess values consistent with the NHS Constitution.

HEW is introducing Education Quality Reviews (EQR) in 2015/16 and these will support continued improvement in the quality of the learning environment for all learners, not just by specific profession or programme of study. We envisage this working in conjunction with other quality processes (e.g. GMC trainee survey, CQC visits) to develop consistent metrics to support local and regional benchmarking and identify areas of innovation.

6. Summary of Recommendations 2016/17

**Adult Nursing:** In response to sustained increased service demand we propose to increase adult nursing commissions by a further 50 places to 750 in 2016/17. This is the fourth year that HEW has increased training numbers and represents an increase of over 35% in adult nursing commissions compared to 2012/13. In addition, we will continue to source additional placement capacity where students can gain community experience to help to deliver the workforce equipped to deliver out-of-hospital care.

**Midwifery:** The demand forecast from Trusts indicates a rising demand for midwives to take account of an anticipated increase in the birth rate within Wessex and the implications of the NICE guidelines for Safe Midwifery Staffing for Maternity Settings. To help supply the required workforce it is proposed to increase midwifery commissions by 4 to 103 per annum.

**Operating Department Practitioners:** Trusts report a current undersupply and there is an on-going pattern of significant agency usage for this workforce. We propose to increase commissions by 5 to 57 to increase the future workforce supply to meet employer demand.

**Pharmacy:** There has been a sustained increase in pharmacists working in hospitals for the past 5 years. Workforce modelling suggests a slight increase from 30 to 32 places in 2016/17. However, due to funding arrangements Trusts may need to balance this proposed increase against other workforce priorities.

**Childrens Nursing:** Modelling suggests that the supply of children’s nurses will increase significantly over the next five years. This expansion is driven by a young workforce demographic with few expected retirements and a high number of training commissions compared to the current workforce. It is proposed to decrease commissions by 3 to 82 per annum.

**Clinical Psychology:** The workforce analysis shows a significant increase in supply compared to demand in the medium-term. We propose to start the contractual process to decrease commissions in 2017/18.

**General Practice:** Although Wessex is relatively well resourced with GP’s having 74.4 GPs per 100,000 compared to the national average of 67.8 per 100,000, the system is reporting increasing numbers of vacancies which cannot be recruited to with particular
geographical hot-spots. HEW has recognised the far-reaching effects of the workforce issues in primary care and has created a Primary Care Taskforce to develop a range of solutions to address these issues, including ways to support the Isle of Wight with the on-going workforce challenges which, when combined with broader workforce issues, presents a unique challenge.

**Psychiatry:** There are on-going issues nationally with low levels of recruitment to training posts and Wessex has been particularly badly affected. The Foundation programme has increased the numbers of suitable psychiatry placements, and in addition offers short induction placements and two month taster placements. In response to the significant issues affecting the mental health workforce HEW has formed a Mental Health Taskforce to look at promoting the attractiveness of psychiatry as a career in Wessex, developing a broader mental health workforce and promoting the Parity of Esteem agenda.

**Support Staff:** Over 21,000 staff work in support roles in the NHS in Wessex and over 33,000 staff work in social care settings. Within the NHS support workers make up approximately 40% of the total workforce, provide 60% of direct patient care but only receive, on average, 5% of the training budget. In recognition of the vital part this workforce has in delivering services HEW has developed a Widening Participation Strategy for 2014 – 2016, which focuses around three main themes:

- ‘Get In’ - focusing on the promotion of, and recruitment into, support roles within the NHS
- ‘Get On’ - emphasising the importance of excellent information, advice and guidance and the continuing development of support workers within their roles
- ‘Go Further’ - progression into pre-registration programmes

In addition, HEW will continue to promote both clinical and non-clinical apprenticeships, develop 622 apprenticeship opportunities across Wessex by March 2016 and help to formally recognise the skills and competences of staff and ensure that individuals are empowered to work to their maximum capacity and capability.
Workforce Analysis and Forecasts: For Commissions and Training Numbers 2016-17
**Staff Group Factsheets Explained**

**Analysis of both the current and future workforce by profession is set out in the following format in the plan.**

**Current Workforce: Age Profile**

This section shows an age breakdown as a percentage of the current workforce in 10 year age groupings.

![Age Profile Chart]

**Previous Commissions**

This section details the planned commissions for 2015/6 and the number of education commissions and course starters over the past 3 years.

![Previous Commissions Chart]

**Supply and Demand Forecast**

This section includes the main supply assumptions included in the modelling and the supply and demand graph. The main assumptions detailed are;

---

**Length of Training Programme**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joiners Rate</strong></td>
<td>The number of individuals joining the workforce, excluding those joining from education, expressed as a percentage of the total current workforce.</td>
</tr>
<tr>
<td><strong>Average Retirement Age</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Retiring Leavers Rate</strong></td>
<td>The number of individuals leaving the workforce, excluding those leaving through retirement, expressed as a percentage of the total current workforce.</td>
</tr>
<tr>
<td><strong>Average training loss</strong></td>
<td>An average of the attrition from all courses commissioned by HEW over the past three years.</td>
</tr>
<tr>
<td><strong>Commissions as a % of current staff in post</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**Workforce Context**

This section includes a summary of issues relevant to the staff group that have not been already identified in the analysis ‘Proposed Commissioning and Actions for 2016/17’

**Proposed Commissioning and Actions for 2016/17**

This section details the commissioning decisions for 2016/17 and other actions that will support the supply of the future workforce.
Adult nurses work in a number of settings including social care, GP practices and in NHS trusts.

**Age Profile**

Overall the NHS adult nursing workforce in Wessex is distributed across the age ranges, however nurses working in out-of-hospital settings have a much older age demographic (and therefore a higher retirement risk) than those employed in acute settings.

Wessex has a ratio of one acute nurse to every 255 adults. This is the 9th lowest ratio of nurses to population in the country.

### Overseas Recruitment

A significant amount of the recent growth in the adult nursing workforce has been provided by overseas nurses from EU countries.

<table>
<thead>
<tr>
<th>Year</th>
<th>Numbers of adult nurses who joined the Wessex workforce from EU counties</th>
<th>% of the workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
<td>0.01</td>
</tr>
<tr>
<td>2012</td>
<td>1.5</td>
<td>0.02</td>
</tr>
<tr>
<td>2013</td>
<td>100</td>
<td>1.02</td>
</tr>
<tr>
<td>2014</td>
<td>182</td>
<td>1.81</td>
</tr>
<tr>
<td>2015</td>
<td>143</td>
<td>1.4</td>
</tr>
</tbody>
</table>

It is not clear if it will be possible to continue this recruitment option in future years. There is also uncertainty about future flows of Wessex trained nurses to other healthcare systems, particularly in Canada and America.

The trends in the number of nurses employed in Wessex NHS organisations are shown above. The decrease in the substantive staffing levels was during the national QIPP programme which drove financial savings across the system. The increase in the last three years is due to increasing patient activity, and a focus on quality and safety following the Francis report and the subsequent requirements of safer staffing levels. The modelling does not take into account the employment of agency staff to fill vacancies due to recruitment difficulties.
Previous Commissions

Supply and Demand Forecasts

- Joiners Rate (to allow for EU recruitment levels to continue) 6%
- Av. Retirement Age 59
- Non-Retiring Leavers Rate 4.9%
- Additional RTP input (2015 only) 68
- Overseas recruits (2015 only) 143
- Commissions as a % of Staff in Post 7.3

There are currently 10,234 (FTE) adult nurses employed within acute and community NHS settings in Wessex.

Data from NHS trusts indicates that an additional 832 FTE nurses are required now to meet current demand.

Once the FTE demand of 11,066 is met, demand is expected to show a small increase to 11,410 by 2020.

Modelling suggests that as a result of previous commissioning increases the workforce supply will expand by 18% by 2020.

Workforce Context

- Both NHS and Social care employers are reporting significant difficulties in recruiting adult nurses. This situation is reflected across England.
- Increased demand for nursing staff driven by safer staffing levels, seven day a week working and in response to the Francis report.
- Particular hotspots are nurses to work in community, emergency and older people’s settings.
- Trusts are reporting the need to expand nursing roles into more specialist areas such as emergency care, integrated care teams and dual trained nurses e.g. adult/mental health, adult/child, and develop more advanced practice nurses to support changes to multi-disciplinary working and changes to postgraduate medical training.

Proposed Commissioning and Actions for 2016/17

- In response to increased service demand we will increase adult nursing commissions by between 40 and 60 commissions.
- To maintain the number of commissions for dual qualification programmes (12 commissions in adult/child health nursing). The first cohorts completed in summer 2015 and it will be important to monitor how this workforce is used by employers.
- This reflects 7.3% commissions of the current workforce, a change from 7.0% in 2015/16.
- Work with partners to increase placement capacity to meet the cumulative increase in the number of students, and ensure that there are more placements that offer community experience.
- Continue to support two outputs per year, and maximise the proportion of commissions for the spring cohort.
- Continue to promote and support return to practice for adult nursing.
- Continue to support adaptation courses and the new NMC process for existing NHS staff who are nurses trained outside the EU/EEA.
- Work with education providers and employers to ensure full recruitment to commissions, and improve the training programme completion rate in line with the Mandate.
- HEW has created a new multi-professional development pathway called Living with Frailty, as part of its overarching consultant practitioner development scheme. This postgraduate programme is open to nurses and other professionals. It has been developed in partnership with employers.
- Contribute to the delivery of the NHS England/HEW joint action plan – A Whole Workforce Response to Tackling Nursing Workforce Issues in Wessex.
Mental Health Nursing

Current Workforce: Age Profile

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>5%</td>
</tr>
<tr>
<td>30-39</td>
<td>10%</td>
</tr>
<tr>
<td>40-49</td>
<td>21%</td>
</tr>
<tr>
<td>50-59</td>
<td>33%</td>
</tr>
<tr>
<td>60-69</td>
<td>31%</td>
</tr>
</tbody>
</table>

Workforce Context

- Trusts demand forecasts indicate a current gap between supply and demand of 240 WTE posts.
- Trusts have identified continued difficulties in recruiting mental health nurses, particularly in acute adult and older people’s mental health where there is also a shortfall of primary care doctors.
- Trust demand forecasts indicate a 5% reduction in demand by 2020 but it is not clear if this is a reflection of services moving outside the NHS.
- Nationally, the total number of registered mental health nurses in NHS employment has decreased by 7% since 2010.
- International recruitment is not being pursued as there is no equivalent role overseas.
- Significant service redesign is planned to integrate older peoples mental health (MH) teams with community services.
- Information from CCGs anticipates that there will be an increased demand across the mental health workforce to take account of an increased focus on commissioning mental health services.

Proposed Commissioning and Actions for 2016/17

- Commissions will be maintained at the 2015/16 level of 134.
- Provider Trusts and HEIs will need to embed the work done in 15/16 to ensure MH learners experience high quality, appropriate placements.
- Continue to fund and support return to practice for mental health nurses.
- All partners to work together to ensure full recruitment to commissions and improve the programme completion rate (progression and output).
- Demonstrate a shared commitment to achieving parity of esteem for mental health.
- HEW has formed a Mental Health Taskforce to look at promoting the attractiveness of psychiatry as a career in Wessex, developing a broader mental health workforce and promoting the Parity of Esteem agenda.
Learning Disabilities Nursing

Current Workforce:
The Wessex and Thames Valley Learning Disabilities nursing workforce has been modelled together. Thames Valley is the lead commissioner for training and some staff who work in the Thames Valley area are employed by a Wessex based provider.

Age Profile

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>11%</td>
</tr>
<tr>
<td>25-29</td>
<td>25%</td>
</tr>
<tr>
<td>30-34</td>
<td>4%</td>
</tr>
<tr>
<td>35-39</td>
<td>21%</td>
</tr>
<tr>
<td>40-44</td>
<td>39%</td>
</tr>
<tr>
<td>45-49</td>
<td>21%</td>
</tr>
<tr>
<td>50-54</td>
<td>11%</td>
</tr>
<tr>
<td>55-59</td>
<td>6%</td>
</tr>
<tr>
<td>60-64</td>
<td>4%</td>
</tr>
<tr>
<td>65+</td>
<td>4%</td>
</tr>
</tbody>
</table>

Previous Commissions

This represents the combined commissions for Wessex and Thames Valley

Supply and Demand Forecast

- Length of Training Programme: 3yrs
- Historic Fill Rate for commissions: 80%
- Joiners Rate: 3.9%
- Av. Retirement Age: 56
- Non-Retiring Leavers Rate: 2.8%
- Average Training Loss: 53%
- Commissions as a % of Staff in Post: 18%

Workforce Context

- Nationally and within Wessex the NHS learning disability nursing workforce has decreased year on year.
- The decrease is thought to be the result of the movement of care to non-NHS providers, as it is estimated that only about 20% of learning disability nurses in England work in the NHS.
- The demand for care from people with a learning disability continues to grow due to increased life expectancy and improved neonatal survival rates.
- Data from NHS providers suggest current gaps between supply and demand. Intelligence suggests that the private sector is also experiencing recruitment difficulties.
- A Transforming Care Delivery Board has been established to take forward the recommendations of the Budd report into care for people with learning disabilities. One of the workstreams includes the development of liaison nurses to improve the experience of people with learning disabilities when they are cared for in physical health settings.
- CCG commissioning plans identify a focus on managing the physical health of people with learning disabilities.

Proposed Commissioning and Actions for 2016/17

- To maintain commissions at current levels
- Evidence suggests a need to increase numbers, however HEI's struggle to recruit to current commissions and to retain students
- Continue to promote and support return to practice.
- Encourage the universities and the Trusts to work together to target existing employees who could train as learning disability nurses.
- Support existing staff to develop study skills to enable them to succeed at degree level.
- Request that the university utilises different marketing strategies to ensure recruitment to commissions is maximised.
- Continue to work with the university and learning disability providers to focus on CPD provision.
- Work with the CCG regarding the re-commissioning of Learning Disability services in Oxford.
Childrens Nursing
Current Workforce:
Age Profile

Previous Commissions

Supply and Demand Forecast

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Training Programme</td>
<td>3yrs</td>
</tr>
<tr>
<td>Joiners Rate</td>
<td>6.2%</td>
</tr>
<tr>
<td>Av. Retirement Age</td>
<td>58</td>
</tr>
<tr>
<td>Non-Retiring Leavers Rate</td>
<td>3.9%</td>
</tr>
<tr>
<td>Average Training Loss</td>
<td>20%</td>
</tr>
<tr>
<td>Commissions as a % of Staff in Post</td>
<td>9%</td>
</tr>
</tbody>
</table>

Wessex has one paediatric nurse per 840 children under 18 the population. This is the 9th lowest nurse to child population ratio of in the country

Workforce Context
- Supply modelling suggests that the available workforce will increase by 43% between 2015 and 2020. This expansion is driven by a young workforce demographic with few expected retirements and high commissioning numbers (9% of staff in post).
- However national evidence suggests a large proportion of newly qualified children nurses do not gain employment in the NHS children’s nursing service.
- Nationally this may improve with the flattening of growth in health visitors and therefore a reduced draw on children nurses.
- It is anticipated that retention rates will improve in Wessex with the opening of the new children's hospital in Southampton.
- Most neonatal nurses are drawn from the children’s nursing workforce. Between 2014 and 2016 there is likely to be particular demand pressures in this area as new service specifications require Trusts to achieve the workforce requirements set out in the BAPM (British Association of Perinatal Medicine) standards by 2016.

Proposed Commissioning and Actions for 2016/17
- To reduce commissions by 3 from 85 to 82.
- Maintain 12 joint adult children’s nursing commissions (these are modelled within the adult nursing supply).
- Commission two student cohort outputs per year.
- Work with the neonatal network to develop an education commissioning strategy to support the supply of neonatal nursing.
- For the university and Trusts to work together to increase practice placement capacity to support the commissions.
Health Visiting

Current Workforce: Age Profile

Previous Commissions

![Graph](image)

Supply and Demand Forecasts

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Training Programme</td>
<td>1yr</td>
</tr>
<tr>
<td>Joiners Rate</td>
<td>2.4%</td>
</tr>
<tr>
<td>Av. Retirement Age</td>
<td>59</td>
</tr>
<tr>
<td>Non-Retiring Leavers Rate</td>
<td>2.7%</td>
</tr>
<tr>
<td>Average Training Loss</td>
<td>7.0%</td>
</tr>
<tr>
<td>Commissions as a % of Staff in Post</td>
<td>9%</td>
</tr>
</tbody>
</table>

Workforce Context

- The Wessex health visitor workforce expanded by 70% between 2012 and 2015. Once the target of 588 FTE has been achieved NHS providers only anticipate a very small (6%) expansion will be required to 2015. Modelling suggests that if current workforce patterns continue, supply will be more than sufficient to meet this demand.
- Growing the workforce so quickly in a relatively short time period has required a rapid expansion in placement capacity, clinical tutors and mentors. This capacity will not be needed now that training numbers have returned to maintenance levels in 2016/17.
- A significant proportion of the workforce is newly qualified making it challenging to predict future patterns of working.

Proposed Commissioning and Actions for 2016/17

- Commissioning (directly informed by the salary support scoping exercise) will seek to maintain levels in line with workforce demand.
- Strengthen relationship with Local Authority Service Commissioners ahead of the transfer of commissioning responsibilities (October 2016).
School Nursing

Current Workforce:

Age Profile

- 20-29: 6%
- 30-39: 36%
- 40-49: 22%
- 50-59: 31%
- 60-69: 5%

Previous Commissions

Supply and Demand Forecast

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Training Programme</td>
<td>1yr</td>
</tr>
<tr>
<td>Joiners Rate</td>
<td>6.6%</td>
</tr>
<tr>
<td>Av. Retirement Age</td>
<td>61</td>
</tr>
<tr>
<td>Non-Retiring Leavers Rate</td>
<td>3.8%</td>
</tr>
<tr>
<td>Commissions as a % of Staff in Post</td>
<td>13%</td>
</tr>
<tr>
<td>Average Training Loss</td>
<td>TBC</td>
</tr>
</tbody>
</table>

- The supply forecast shows that the current numbers of students should be maintained for at least two years to meet the current and future demand from NHS trusts.
- The number of students is demand led by employers, and the increased requirements need to be reflected in salary support plans.

Workforce Context

- The increasing population of school-aged children and increases in admissions and / or new schools may impact on the capacity of the service to effectively deliver programmes.
- Historically there has been insufficient demand for training places from employers to maintain current workforce levels in Wessex.
- Trusts have reported difficulties recruiting qualified school nurses.
- The Mandate identifies a requirement to ensure the supply of the workforce for school aged children (including school nurses).

Proposed Commissioning and Actions for 2016/17

- Commissioning (directly informed by the salary support scoping exercise) will seek to maintain levels in line with workforce demand; employers need to increase their training numbers if they wish to grow and then maintain their current workforce level.
- Work with Local Authority teams to review skill mix of school nursing teams to inform commissioning in 2017/18.
Midwifery

Current Workforce: 

Age Profile

![Age Profile Chart]

Previous Commissions

![Previous Commissions Chart]

Supply and Demand Forecast

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Training Programme</strong></td>
<td>3yrs</td>
</tr>
<tr>
<td><strong>Joiners Rate</strong></td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>Av. Retirement Age</strong></td>
<td>58</td>
</tr>
<tr>
<td><strong>Non-Retiring Leavers Rate</strong></td>
<td>3.4%</td>
</tr>
<tr>
<td><strong>Average Training Loss</strong></td>
<td>23.25%</td>
</tr>
<tr>
<td><strong>Commissions as a % of Staff in Post</strong></td>
<td>11%</td>
</tr>
</tbody>
</table>

Workforce Context

- The five year demand forecast from NHS Trusts indicates an increasing demand to take account of an anticipated increase in the birth rate within Wessex and the implications of the NICE guidelines for Safe Midwifery Staffing for Maternity Settings.
- In 2014 there was a change to the commissioning model with a move from exclusively autumn entry to two cohorts of students. This means that only half the usual number of students will be available to join the workforce in summer 2017 with the remainder qualifying in winter 2017/18.
- The Health Education England Mandate includes a commitment to at least maintain midwifery commissions at current levels.
- The growth in health visiting workforce has partly been drawn from the midwifery workforce. This will no longer be as significant from 2015 when health visiting training returns to replacement levels.

Proposed Commissioning and Actions for 2016/17

- We propose to increase midwifery commissions by 4 to 103 to take account of increasing demand.
- Work with partners to meet the needs of the ultrasound workforce.
- Continue to support two outputs per year.
- Work with partners to review midwifery placement models in Health Education Wessex to ensure future employability of students by providing them with exposure to a wide variety of patients, conditions, services and settings.
- Work with education providers and employers to ensure full recruitment to commissions and improve the training programme completion rate in line with the DH/HEE Mandate.
Diagnostic Radiography

Current Workforce:

Age Profile

- The diagnostic radiography workforce in Wessex has shown a steady year on year expansion. The supply forecast suggests that if current recruitment trends continue expansion will continue.
- The 5 year demand forecast from NHS Trusts indicates a current gap between supply and demand. Modelling suggest that supply should be sufficient to fill predicted demand by 2017.

Workforce Context

- Increased demand on services is putting pressure on practice placements.
- The introduction of 7 day working is one of the factors increasing the demand for diagnostic radiography.
- The independent sector also provides diagnostic radiography services.
- There is a Mandate requirement to ensure sufficient supply of the diagnostic workforce.

Proposed Commissioning and Actions for 2016/17

- Commissions will be maintained at the 2015/16 level of 55.
- All partners to work together to ensure full recruitment to commissions and improve the programme completion rate (progression and output).
- Progress and embed the School of Sonography to ensure that Sonography workforce issues are addressed in a multi-professional manner.
- Ensure that the two funded lead sonographer education and training posts are recruited to (posts funded until 31 March 2018).
- Explore the impact of 7-day working.
- Manage the SLA with HESW to ensure a high quality learner experience.
- Specialist radiography training to be funded from CPD funding where there are recruitment issues.
Therapeutic Radiography

Current Workforce:

Age Profile

Previous Commissions

Supply and Demand Forecast

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Training Programme</td>
<td>3yrs</td>
</tr>
<tr>
<td>Joiners Rate</td>
<td>4.5%</td>
</tr>
<tr>
<td>Av. Retirement Age</td>
<td>59</td>
</tr>
<tr>
<td>Non-Retiring Leavers Rate</td>
<td>6.1%</td>
</tr>
<tr>
<td>Average Training Loss</td>
<td>20%</td>
</tr>
<tr>
<td>Commissions as a % of Staff in Post</td>
<td>17%</td>
</tr>
</tbody>
</table>

Workforce Context

- Demand supply modelling indicates an on-going gap between supply and demand.
- Within Wessex annual commissions represent 17% of the current workforce which allows for high attrition from training.
- Evidence suggests a need to increase commissions, however universities struggle to recruit to current commissions and to retain students.
- Nationally the profession showed the highest expansion of any non-medical professional group.
- There is a lack of clinical practice placements which constrains commissioning numbers.
- This is one of the few workforces in Wessex where more people leave than join the Wessex workforce annually.

Proposed Commissioning and Actions for 2016/17

- Commissions will be maintained at the 2015/16 level of 23.
- All partners to work together to ensure full recruitment to commissions and improve the programme completion rate (progression and output) and reduce attrition.
- Explore the impact of 7-day working.
Physiotherapy

Current Workforce:

Age Profile

Workforce Density

Wessex has one NHS physiotherapist per 2,880 head of population. This is the 9th lowest ratio of therapists to population in the country and may reflect a high proportion of physiotherapists in the non-NHS sector.

Previous Commissions

Supply and Demand Forecast

- The supply forecast suggests that there will be significant and sustained growth in the supply of physiotherapists in the region.
- NHS trusts have indicated a very small expansion in demand. This may not take into account the full impact of CCG plans and Better Care Fund programmes to expand the provision of out of hospital care, and the requirement for seven day working.

Workforce Context

- Within Wessex some professionals from a physiotherapy background are employed as ward managers and within other roles more commonly filled by nurses.
- Senior physiotherapists continue to seek roles outside of the NHS due to service reconfigurations and lack of career progression. NHS trusts report difficulties in recruiting to senior therapist roles and issues with recruiting newly qualified staff.

Proposed Commissioning and Actions for 2016/17

- Maintain commissions at current levels of 56 per annum.
- Work with education providers and employers to ensure full recruitment to commissions and improve the training programme completion rates in line with the DH/HEE Mandate.
- Support employers and education providers to continue to work together to provide high quality placements.
- Encourage partners to utilise CPD funding to support the development of staff in specialist areas such as paediatrics, musculoskeletal, and frail elderly.
Occupational Therapy

Current Workforce:

Age Profile

![Age Profile Chart]

Workforce Density

Wessex has one NHS occupational therapist per 3,700 population. This is the 9th lowest ratio of therapists to population in the country and may indicate that a larger proportion work in non NHS settings.

Previous Commissions

![Supply and Demand Forecast Graph]

- The 5 year demand forecast from NHS Trusts indicates that overall demand for occupational therapists within the NHS will remain constant; however this does not take account of any increases in both social care and the private sector.
- The supply forecast graph shows a significant growth in workforce supply over the forecast period. This is primarily due to a high ‘joiner rate’ of registered professionals from outside of Wessex.

Workforce Context

- Occupational therapists are trained to provide both mental and physical health interventions.
- CCG strategies indicate a focus on commissioning an integrated workforce that is able to work with patients who have both physical and mental health problems.
- Several trusts in Wessex are considering employing occupational therapists in roles that were traditionally occupied by both mental health and acute nurses.
- A number of trusts have reported issues in recruiting occupational therapists to work in senior roles, and in some case problems recruiting more junior staff.

Proposed Commissioning and Actions for 2016/17

- To maintain commissions at 66 since the model does not factor in demand from the non – NHS sector.
- To commission on behalf of the social care workforce.
- Employers could consider conducting a skill mix review to address nursing shortages that utilises the supply of OTs i.e. in mental health care, to enable hospital discharge and re-ablement services.
The supply forecast indicates a sustained increase in the supply of pharmacists in the region.

The recruitment trends from NHS Trusts over the past four years indicate an increasing year on year demand from NHS employers.

Workforce Context

- There is likely to be an expansion in the pharmacy workforce in response to the Five Year Forward View to focus on prevention and early treatment.
- Multi Speciality Community Providers (one of the models of care outlined in the 5yFV) are likely to directly employ pharmacists.
- Pharmacists are increasingly working in extended roles in primary care.
- The number of pharmacy undergraduate places in England has increased year on year. In 1999 there were 12 schools of pharmacy training around 4,200 students. By 2011 there were 24 schools of pharmacy training around 10,950 students (CFWI 2014).
- Approximately 21% of pharmacists are employed in the NHS.
- Community pharmacy pre-registration training is funded by NHS England (Wessex) and is not part of the Health Education England remit.

Proposed Commissioning and Actions for 2016/17

- Workforce modelling suggests there could be slight increase from 30 to 32 places in 2016/17. However, due to funding arrangements Trusts may need to balance this proposed increase against other workforce priorities.
- Further work is done to understand the impact of new models of care and role extension on the community pharmacy workforce.
Pharmacy Technicians

Current Workforce:

Age Profile

Previous Commissions

Supply and Demand Forecast

- The supply forecast suggests that if current workforce and commissioning trends continue there will be a steady increase in the supply of pharmacy technicians.
- However, this workforce is trained within the work environment and gives Trusts the opportunity to ‘grow their own workforce’; the high joiners rate could be indicative of a lack of entry level staff.
- The 5 year demand forecast from NHS Trusts indicates that demand for pharmacy technicians will remain constant within the forecast period.

Workforce Context

- Some Trusts are investigating the possibility of extending the role of pharmacy technicians, including piloting pharmacy technicians working more closely with nursing staff, and involvement in the administration of medicines.

Proposed Commissioning and Actions for 2016/17

- Trusts can utilise their salary support budget to increase the number of trainees as this represents an opportunity for them to grow their own workforce.
- That further work is required to assess the workforce and education/training implications of increasing the role of pharmacy staff in various settings including primary care and urgent care.
Operating Department Practitioners

Current Workforce:

Age Profile

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>4%</td>
</tr>
<tr>
<td>30-39</td>
<td>23%</td>
</tr>
<tr>
<td>40-49</td>
<td>4%</td>
</tr>
<tr>
<td>50-59</td>
<td>23%</td>
</tr>
<tr>
<td>60-69</td>
<td>33%</td>
</tr>
</tbody>
</table>

Previous Commissions

- 2012: 42
- 2013: 50
- 2014: 54
- 2015: 57

Supply and Demand Forecast

- Length of Training Programme: 2yrs
- Joiners Rate: 4.3%
- Av. Retirement Age: 56
- Non-Retiring Leavers Rate: 4.7%
- Average Training Loss: 28%
- Commissions as a % of Staff in Post: 11%

Supply and demand modelling includes an additional 5 commissions per year from 2016/17. This indicates these commissions will assist in resolving the ongoing slight workforce under supply. It should be noted that any changes to the length of training will impact on the supply of ODPs.

Workforce Context

- There is no equivalent workforce overseas.
- Full implementation of seven day working may lead to a further demand for these staff
- If the proposed change to a three year degree programme takes place it will temporarily restrict supply for one year, as when the two year programme finishes the first cohort of students on the three year programme will not finish until the following year.

Proposed Commissioning and Actions for 2016/17

- We propose to increase ODP commissions by 5 to 57 to increase the future workforce supply to meet employer demand.
- Work with education providers and employers to ensure full recruitment to commissions and improve the training programme completion rates.
- Support employers and education providers to continue to work together to provide high quality placements for all students.
- Ensure future commissioning decisions reflect the recommendations arising from the review of existing training models taking place in 2015/2016.
- Explore opportunities to ensure appropriate professional input and that PVI sector engagement is incorporated into the workforce planning and education commissioning process.
Clinical Psychology

Current Workforce:

Age Profile

Previous Commissions

Supply and Demand Forecast

- If current commissions and workforce trends continue, the forecast indicates that there will be a 25% increase in the supply of clinical psychologists by 2015.
- The 5 year demand forecast from NHS Trusts indicates that demand will remain constant.

Workforce Context

- Not all regions commission training. The supply is therefore part of national discussions and decisions taken in one area impact on the supply of adjoining services.
- Salary support is provided for the full three year training period, making this one of the most costly non-medical training routes.

Proposed Commissioning and Actions for 2016/17

- The workforce analysis shows a significant increase in supply compared to demand in the medium-term. We propose to start the contractual process to decrease commissions in 2017/18.
- As identified in 2014/15, workforce colleagues in Trusts need to review ESR (Electronic Staff Record) coding to ensure that this information is valid to inform future commissioning decisions.
- This programme will be explored as an area of regional commissioning (south) for 2017/18.
Community and Practice Nursing

‘The Future of Primary Care - Creating Teams for Tomorrow’ (Primary Care Workforce Commission, 2015) report further highlighted the vital role that community and practice nurses will increasingly have in delivering services in the future, with nurses taking on substantially more care for both acute and chronic conditions. The report also noted the challenge of “the general lack of opportunity for nurses to develop their skills, and the poorly defined career paths in primary care nursing”.

Community Nursing

The four key community nursing roles (community children’s, district, occupational health and sexual health) continue to be demand led by our provider services. Students on programmes are directly linked to salary support requests; it is vital that our trusts recruit to these programmes in line with their submitted plan in order to meet workforce needs.

Work continues to be developed across Wessex in partnership with trusts and education providers and we aim to continue this through 2016/17.

General Practice Nursing

HEW conducted a training needs analysis (TNA) survey with primary care in July 2015. Approximately 1,250 general practice nurses (GPNs) work in the Wessex health economy, comprising 8% of the adult nursing workforce in the region.

![Age Profile Practice Nurses (HC)](/content)

Nurses in primary care have an older age profile than the NHS acute sector, with 73% of the workforce being over the age of 46. This is due to primary care nursing being traditionally viewed as an option that nurses take later in their career. The average retirement age for nurses working in NHS settings in Wessex is 59 and it is likely that 16% can be expected to retire in the next five years. This workforce is also far more likely to work part-time than those in the acute sector. While the current age profile does mean that there is an on going risk that a sudden increase in retirements (e.g. if there was a change in pension arrangements) would have a significant impact it also means the current workforce has substantial experience both in primary care and in general nursing.

Approximately 50% of the respondents indicated a requirement for additional training. Non-medical prescribing was identified as the additional development most needed. There was an
over subscription for the non-medical prescribing course for General Practice Nurses therefore a provision for larger numbers will be required next year, and the same applies to the Advanced Nurse Practitioner qualification. There was also a strong demand for additional training for healthcare assistants and a number stated an interest in further development through apprenticeships or assistant practitioner training.

In the development of the general practice nursing (GPN) workforce in Wessex, a bespoke foundation programme has been commissioned to train GPN’s who are employed by a GP surgery, and who complete the programme (both practical and theoretical) over a nine month period.

The full educational framework in general practice delivers:

- Healthcare Assistant (HCA) study days and currently a pilot for an accredited training programme.
- Foundation Programmes in Wessex.
- Continuing Professional Development (CPD) – both accredited and non-accredited to include:
  - Management of Long Term Conditions (LTCs)
  - Management of minor illness
  - Diabesity
  - Respiratory - (to include the Essentials of Asthma and COPD and updates on the same)
  - Chronic Kidney Disease
  - Liver Disease
  - Motivational Interviewing
- Access to advanced practice programmes including non-medical prescribing.
- Conferences and updates for both GPNs and HCAs

The numbers undertaking the Foundation in Practice Nursing has risen by 66% this year and it is likely this may increase with the need to replace those nurses retiring.

**Proposed Commissioning and Actions for 2016/17**

- A task and finish group to implement the requirements of the anticipated NHS England Community Nursing Strategy will be established.
- All of these programmes are continually reviewed and quality monitored as part of contract monitoring process.
- Continue to integrate GPN into mainstream education commissioning to ensure continued supply and development of this workforce.
Healthcare Science

Healthcare Science commissions remain subject to change, particularly due to the small numbers in each specialism and the ongoing demand-led nature of the model for STP and HSST training. The potential impact of the modernisation of pathology services and the associated restructuring of this workforce is also a factor.

Health Education West Midlands remain the lead commissioner for healthcare science.

Local and national work is underway to develop training for healthcare science staff in bands 1-4, although the output of the national work has been delayed.

The education commissioning team continues to work with two education providers in Wessex who provide three BSc Healthcare Science Practitioner Training Programmes (PTP). Although these programmes are not NHS commissioned, they require NHS (or independent sector) clinical placements throughout the programme, and Health Education Wessex continues to work with providers to support placement capacity and fund support for students’ travel to access placements. This support is likely to change with the introduction of a national level of support. Health Education Wessex has supported a number of places on the interim graduate diploma in nuclear medicine/radiotherapy physics programme in 2014 and 2015 to meet trust demand, and is scoping demand for the final cohort of this route in 2016/17.

Health Education Wessex has supported a number of trainees on the Scientist Training Programme (STP) and the numbers are outlined below. The scoping exercise with Trusts for the 2016/17 intake is underway and will conclude in early October.

<table>
<thead>
<tr>
<th>STP commissions</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological Sciences</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Life Sciences</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physics and Engineering</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Informatics</td>
<td></td>
<td></td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Health Education Wessex supported two posts on the new Higher Specialist Scientific Training (HSST) programme, in reproductive science and clinical biochemistry, in 2014 and a further five posts in 2015. Demand for this programme for the 2016/17 start is included in the scoping currently underway to assess demand. Decisions around supporting HSST posts will be linked to the medical workforce demand.

It is hoped that ongoing changes to the coding of healthcare science staff in ESR and work with planners will result in improved workforce data for healthcare scientists in future.

A small number of trusts in Wessex accessed HSST posts in 2015, made available via the national genomics education programme.
Workforce Demand and Supply

Historically the total number of healthcare scientists employed in the NHS in Wessex has remained fairly stable. As part of the 2015 workforce demand data collection NHS trusts were asked to anticipate their future demand for healthcare scientists. This indicated an increased demand of approximately 10% by 2020 in almost all the main groups except informatics.

Proposed Commissioning and Actions 2016/17

- Continue to work with employers across Wessex and with Health Education West Midlands to recruit to commissioned STP and HSST posts including for the developing area of genomics.
- Continue work with local education providers offering PTP programmes and the wider national provision for PTP.
Child Psychotherapy

Research from the profession suggests that the role of the child psychotherapist has the potential to further enhance children’s services; however, it is unclear if this is likely to trigger significant increases in workforce requirements from employers.

Child psychotherapy is a small profession and therefore only limited training numbers are commissioned. However, the training process is lengthy and expensive and therefore it is important that specific employer demand drives investment. Trainees provide a significant contribution to service delivery throughout their training programme and attrition is generally very low.

It is evident that this profession would benefit from a national overview to ensure local decisions fit with the national picture of education and training.

Proposed Commissioning and Actions for 2016/17

- To commission and support one new trainee in Hampshire and the Isle of Wight and one new trainee in Dorset and Salisbury in 2016/17.
- To continue to work with employers to understand supply and demand.
- Investigate the implications of commissioning lower volume specialist programmes across a wider geography.
- Investigate the possibility of child psychotherapy being allocated a specific occupation code within the ESR nationally.
Sonography

Employers have highlighted significant workforce challenges within sonography. These issues particularly affect obstetrics and gynaecology scanning. There are a range of different issues impacting on the effective supply of this workforce, including a lack of workforce capacity to provide placement supervision and employers difficulty in backfilling staff.

HEW has established a School of Sonography as part of the School of Obstetrics and Gynaecology to provide oversight and strategic direction for the education and training of this workforce. In addition, HEW has agreed to fund 2 lead sonographers for education and training. These individuals will be placed in Trusts and provide a dedicated training resource for organisations to utilise.

All formal sonography training in the UK is currently at postgraduate level. Most sonographers’ train first as a radiographer, midwife or medical laboratory scientific officer then undertake an approved post-registration course. Individuals are licensed through their own professional registration schemes. Health Education England has established a national Sonography Working Group to investigate workforce solutions in this area, which may include a direct entry education route.

Sonography is currently included on the National Shortage Occupation List (NSOL). To assist in increasing the supply of this workforce and subsequently help in achieving the Mandate aim to reduce the number of professions on the NSOL, there has been on-going investment in sonography training in the region since 2010/11, with the aim of increasing the pool of trained sonographers through the provision of course fees and salary support.

Proposed Commissioning and Actions for 2016/17

- To recruit 2 lead sonographers for education and training to increase training capacity and capability within Wessex (posts funded until 31 March 2018).
- Scoping of employer demand will be undertaken to inform commissioning decisions for 2016/17.
- HEW will actively participate in national discussions on the future of the sonography workforce.
Endoscopy

There is a growing demand for endoscopy services nationally. However as endoscopy is a role rather than a profession there is currently no clearly identified demand for endoscopists, no readily quantifiable measure of current supply and no clear training route.

Those who undertake endoscopy emerge through a variety of backgrounds and require post-registration training.

HEW does not directly commission training for the non-medical endoscopy workforce; such training is post-registration and is generally employer funded and led. HEW does however support a small amount of endoscopy training indirectly through its allocation of Continuing Personal and Professional Development (CPPD) funding to healthcare employers. (This is a funding envelope and framework that we provide to employers – the investment of this funding is prioritised by the employers against local ‘hotspot’ areas).

Based on feedback from employers, we are aware that there are trainees in the system and there is planned expansion in this workforce. The focus appears to be on nurses being training as endoscopists. We are not aware of any significant issues regarding availability of programmes to support training.

As part of the HEW 2015 demand data collection, only one of our trusts has specifically identified endoscopy skills as a workforce ‘hotspot’. This trust cites the inability to recruit Gastroenterologists and the increased service demand relating to the new NICE guidance as contributing factors to this situation.

Proposed Commissioning and Actions for 2016/17

- Employers to commission directly from their own funds the training volumes they require based on their local identifiable need.
- The Wessex Strategic Clinical Network has commissioned some activity modelling around endoscopy capacity across the local system. HEW to consider the implications of this when the outputs are available.
- HEW will actively participate in national discussions on the future of the endoscopy workforce.
Paramedics

Over recent years, the main areas of intervention for ambulance trusts have evolved to reflect the growing ageing population and need for more community interventions in order to keep as many people as possible out of hospital (e.g. falls in the home, mental health, dementia, long-term conditions). This trend is expected to continue and increase, as ambulance services are asked to contribute to the delivery of the Keogh Review into urgent and emergency care.

Nationally, work is continuing around agreeing a national model of education and training for paramedics with an expectation that paramedic education will be moving to all-degree programmes from 2019-2021. Preliminary outcomes of the national work have shown significant shortages in the paramedic workforce nationally, which has resulted in paramedics being added to the shortage occupation list in April 2015. Work is continuing nationally to identify funding streams and commissioning models along with specialist and advanced education needs. In Wessex, local education providers successfully validated BSc programmes in 2015 for a September 2015 start. This move to a three-year programme was managed carefully to ensure continuity of supply as required.

There are three ambulance trusts who operate in the HEW area. Their workforce is supplied by trainees commissioned by HESW, HETV and HEW through lead commissioning arrangements. Each of the trusts has different workforce needs. The two bigger trusts need to recruit a significantly increased number of newly-qualified students each year to keep up with demand and replace staff turn-over. While the larger footprint of Wessex allows a strong partnership between Wessex education providers and ambulance trusts, supply of newly-qualified staff is still not sufficient despite increased commissions year on year. The number of paramedic commissions in HEW and HETV almost doubled between 2011/12 and 2015/16 and within this, the number of fast track: one year training places has been increased fourfold. Over the last year, South Central Ambulance Trust has completed several recruitment initiatives abroad, particularly in Poland, to meet workforce demand.

Proposed Commissioning and Actions for 2016/17

- To continue to work closely with the three ambulance trusts in order to commission effectively to support their workforce demands. This includes strategies to ensure increased commissioning and outputs, and appropriate distribution and local retention of newly-qualified paramedics.
- To ensure that trusts have access to relevant providers to ensure that their workforce needs are met.
- To ensure that there is consistency of commissioning and monitoring processes across HEW for all pre-registration paramedic education and training.
- To continue work on placements with the ambulance and non-ambulance trusts across Wessex in terms of type, capacity and quality in order to prepare the future paramedic workforce for the demands of their role.
Improving Access to Psychological Therapies

Improving Access to Psychological Therapies (IAPT) is a national policy priority.

The aim is to develop talking therapy services that offer treatments for depression and anxiety disorders approved by the National Institute for Health and Clinical Excellence (NICE) across England by March 2015 as set out in “Talking Therapies – a Plan of Action”.

A number of IAPT services continue to experience uncertainty about future funding which continues to create challenges for commissioning education and training; in response to this HEW has worked with service leads, service commissioners and the local education providers to review the best way to maximise the ability for IAPT services to access the training they need to meet workforce demands.

A review of service demand for High Intensity Cognitive Behavioural Therapy Workers (HI) and Psychological Wellbeing Practitioners (PWP) expansion posts (to allow services to expand activity levels towards 15% access levels), replacement posts (to replace qualified leavers from services) and supervisor training has been undertaken for 2015/16, and education and training places were commissioned to meet this demand.

IAPT training (HI and PWP) has been included in the multi-professional demand scoping exercise for 2016/17 for the first time. This demand will provide an indication to allow for budgeting and a further confirmatory exercise will be undertaken.

Education and training has also been supported for practitioners and supervisors in the non-CBT modalities in 2015/16 and this will be supported via CPPD mechanisms from 2016/17.

Proposed Commissioning and Actions for 2016/17

- Continue to work with IAPT employers across Wessex to assess demand to inform commissioning decisions.
- Continue to seek greater input from service leads and commissioners at an earlier stage in the scoping process for 2016/17, building on work in 2015/16.
- Review funding contributions for all types of IAPT trainees.
Support Staff: Clinical and Non Clinical

Most support staff are employed at bands two and three. Although the workforce is distributed across the age ranges, 24% (4,190 FTE staff) are over 55 and may retire within the next ten years.

The Government’s Mandate to Health Education England published in May 2014 sets out a number of deliverables related to healthcare assistants and support workers including:

- The need for robust career development
- The introduction of the Care Certificate.
- Doubling the number of apprenticeships in healthcare
- Supporting the progression of support workers and healthcare assistants into nursing and midwifery for those who seek it.
- Development of bridging programmes into professional training in Health and Care
- Supporting flexible methods for entering training and employment
The Care Certificate

In the wake of the Francis Inquiry, and following the identification of serious challenges in some other health and social care settings in 2013, Camilla Cavendish was asked by the Secretary of State to review and make recommendations on: the recruitment, learning and development, management and support of healthcare assistants and social care support workers, ensuring that this workforce provides compassionate care.

The resulting report, The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings (July 2013) found that some of the induction provided to healthcare assistants and social care support workers was inadequate and recommended that a Certificate of Fundamental Care be developed. The Department of Health asked Skills for Care, Skills for Health and Health Education England to take forward this action as part of the wider Cavendish programme.

The Care Certificate has replaced the Common Induction Standards and the National Minimum Training Standards as the fundamental training for the groups of staff in scope. It applies to all roles which provide direct care to people, and in which practical assessment of their clinical/care and support competences can be achieved.

Two acute trusts and one care organisation was involved in the piloting of the Certificate in HEW. Full implementation began in April 2015 and all trusts within the LETB are fully engaged. Work is on-going to ensure that GP practices are compliant.

The Talent for Care: a strategy to develop the support workforce for health and social care

The publication of the Government’s first Mandate to Health Education England sets out a number of deliverables specifically related to support staff. One of these was the need to produce a national strategy which is specifically concerned with the high quality care delivered by health and care support staff through raising the standards of education, training and development for these members of the staff group.

As part of the action plan and implementation of The Talent for Care strategy, a Partnership Pledge tool for local employers and trade unions was published in March 2015, consisting of 10 pledges matched to the three strategic themes (‘Get in’; ‘Get on’ and ‘Go further’).

In May 2015 a letter from Sir Keith Pearson asked each Chief Executive of Trusts in England to sign the pledge as a measure of their commitment to the strategic intentions. At the same time, a measure of intent self assessment document was sent by HEW to the Wessex Widening Participation (WP) Leads within our Trusts asking that they review their current position against the Talent for Care pledges and RAG rate themselves accordingly.

HE Wessex Widening Participation Education and Development Strategy

A HEW Widening Participation Strategy for 2014 – 2016 has been developed and circulated for consultation. The document echoes the three areas with which The Talent for Care is structured:

- ‘Get in’: focusing on the promotion of, and recruitment into, support roles within the NHS by, for example, the development of health ambassadors and pre-employment training.
- ‘Get On’: emphasising the importance of excellent information, advice and guidance and the continuing development of support workers within their roles (aligned to the NHS Constitution).
- ‘Go Further’: i.e. progression into pre-registration programmes.
Apprenticeships

As ‘doubling the amount of apprenticeships’ is a deliverable within HEE’s Mandate, work continues to promote both clinical and non-clinical apprenticeships in line with the national agenda. Apprenticeships promote skills mix across all Trusts, helping to formally recognise the skills and competences of staff and ensure that individuals are empowered to work to their maximum capacity and capability.

Clinical apprenticeships are available in a number of areas, including those which support strategic service priorities such as maternity and paediatrics, mental health, allied health professionals, emergency care, pathology, pharmacy and peri-operative support.

A plethora of non-clinical apprenticeships are available from business administration to engineering, informatics and horticulture.

The original 15/16 apprenticeship target for HEW was 955 but as we achieved 333 above our 14/15 target of 531, the revised target is to develop 622 apprenticeship opportunities across Wessex by March 2016. Targets by organisation are set out below.

<table>
<thead>
<tr>
<th>Trust</th>
<th>Bands 1 – 4 Headcount</th>
<th>% of Total Bands 1 – 4 Workforce</th>
<th>15/16 Target Based on 622 Apprenticeships</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Hospitals Southampton NHS FT</td>
<td>2644</td>
<td>15.2%</td>
<td>97</td>
</tr>
<tr>
<td>Isle of Wight NHS Trust</td>
<td>1017</td>
<td>5.9%</td>
<td>36</td>
</tr>
<tr>
<td>Solent NHS FT</td>
<td>1152</td>
<td>6.6%</td>
<td>42</td>
</tr>
<tr>
<td>Hampshire Hospitals NHS FT</td>
<td>1907</td>
<td>11%</td>
<td>70</td>
</tr>
<tr>
<td>Portsmouth Hospitals NHS FT</td>
<td>2047</td>
<td>11.8%</td>
<td>71</td>
</tr>
<tr>
<td>Royal Bournemouth and Christchurch Hospitals</td>
<td>1532</td>
<td>8.8%</td>
<td>74</td>
</tr>
<tr>
<td>Dorset County Hospital NHS FT</td>
<td>861</td>
<td>5%</td>
<td>42</td>
</tr>
<tr>
<td>Dorset HealthCare NHS FT</td>
<td>1815</td>
<td>10.5%</td>
<td>55</td>
</tr>
<tr>
<td>Salisbury NHS FT</td>
<td>1114</td>
<td>6.4%</td>
<td>30</td>
</tr>
<tr>
<td>Poole Hospital NHS FT</td>
<td>1113</td>
<td>6.4%</td>
<td>65</td>
</tr>
<tr>
<td>Southern Health</td>
<td>2149</td>
<td>12.4%</td>
<td>40</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17351</td>
<td>100%</td>
<td>622</td>
</tr>
</tbody>
</table>
Young Apprenticeships

Given the current economic climate, it is important to ensure that the opportunity is given to 16 – 18 year olds to allow them to undertake apprenticeships in the NHS - the largest employer within England. HEW supports its member organisations by promoting Young Apprenticeships. In 13/14, sixty eight 16 – 18 year old undertook these apprenticeships. It is anticipated that this figure will continue to increase in 15/16, particularly in relation to the promotion of pre-employment activities as part of the national agenda.

Foundation Degrees/Modules of Learning

In HEW, over 150 Foundation degrees were commissioned over the two year period starting in 2014/2015. In addition, modules of learning at academic levels 4 and 5 can be undertaken as separate 20 credit modules, to be used as CPD for existing Assistant Practitioners.

A number of specific study pathways have been developed following the pilot in 2011/12; these include:

- Long Term Conditions
- End of Life Care
- Imaging Science
- Cardiac Physiology and Advanced Cardiac Physiology
- Human Growth and Development
- Medicines Management
- Child Health
- Care of the Acutely Ill Patient

These were mapped against the NHS South Central’s Assistant/Associate Practitioner Skills and Functions Framework developed in 2011.

In 2014/15, 3 further option units at academic levels 4 and 5 have been accredited, these are:

- Blood Sciences
- Histopathology
- Microbiology

The education commissioning approach has been designed around the needs of Trusts, to support development of clinically relevant skills and competences. This will promote the growth of new assistant/associate practitioner roles, as well as the continuing professional development of qualified Band 4 staff.
## Support Staff Plan

<table>
<thead>
<tr>
<th>Themes</th>
<th>Key Actions</th>
<th>Success Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information advice and guidance</td>
<td>Support the implementation of NHS Ambassadors Scheme to support widening participation</td>
<td>Every Trust will have at least one NHS Ambassador to promote the range of NHS careers within schools and colleges</td>
</tr>
<tr>
<td></td>
<td>Collaborative work with FE colleges to attract the best possible support worker candidate</td>
<td>Each Trust to have identified potential support worker staff / apprentices from FE colleges delivering BTEC Health and Social Care courses</td>
</tr>
<tr>
<td></td>
<td>Ensure that all support workers have appropriate appraisals, including IAG, to support development and progression</td>
<td>NHS Staff Survey results report that 70% of support workers receive a well-structured appraisal per annum, which includes a personal development plan</td>
</tr>
<tr>
<td>Recruiting for values and behaviours</td>
<td>Apprentices to demonstrate values and behaviours reflective of the 6 Cs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Values and behaviours assessed through annual appraisals</td>
<td></td>
</tr>
<tr>
<td>Pre-employment opportunities</td>
<td>Promotion of pre-employment programmes within Wessex</td>
<td>50% of Trusts will have completed at least 1 pre-employment programme</td>
</tr>
<tr>
<td>Care Certificate</td>
<td>Support the implementation of the Care Certificate.</td>
<td>All Trusts will have successfully implemented the Care Certificate</td>
</tr>
<tr>
<td></td>
<td>Promote quality assurance across Wessex</td>
<td>A system of QA is approved across Wessex</td>
</tr>
<tr>
<td>Apprenticeships</td>
<td>Delivery target of 622 apprentices for 15/16</td>
<td>622 apprenticeships have been delivered</td>
</tr>
<tr>
<td></td>
<td>Communication of the Mandate deliverable to HR Directors and Directors of Nursing</td>
<td>Full cooperation from both for the delivery of apprenticeships</td>
</tr>
<tr>
<td></td>
<td>Young apprentices employed after pre-employment activities</td>
<td>20% of those undertaking pre-employment activities are successful in achieving an apprenticeship</td>
</tr>
<tr>
<td></td>
<td>All band 2 vacancies within Wessex should be considered as an apprentice</td>
<td>Wessex Trust wide policy implemented</td>
</tr>
<tr>
<td></td>
<td>Identify demand / apprenticeships undertaken in PVI sector</td>
<td>Apprenticeships undertaken in PVI sector identified</td>
</tr>
<tr>
<td>Bridging Programmes</td>
<td>HEW to work with Skills for Health, Trusts and HEIs to pilot the national bridging programme</td>
<td>Successful implementation of the national bridging programme</td>
</tr>
<tr>
<td>Foundation degrees</td>
<td>Ensure Southampton, Solent and Open University FD reflects workforce development</td>
<td>FD meets the needs of the Trusts’ workforce</td>
</tr>
<tr>
<td></td>
<td>Explore the need for a FD with the Dorset and Salisbury Trusts and Bournemouth University</td>
<td>Successful investigations have taken place</td>
</tr>
<tr>
<td>Partnership Working</td>
<td>Continue progression pathway meetings</td>
<td>Successful pathways implemented</td>
</tr>
<tr>
<td>Talent for Care Partnership Pledges</td>
<td>Trusts to sign the Talent for Care Partnership Pledge</td>
<td>All Trusts will have implemented and signed up to deliver the Partnership Pledge</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Budgets</td>
<td>External funding streams to be promoted to Trusts</td>
<td>Trusts have successfully accessed external funding</td>
</tr>
</tbody>
</table>
Advanced Practice

The development of Advanced Practice (AP) roles within Nursing, Midwifery, AHP and other professions has been taking place for many years, generally in small numbers as a response to local needs and capability within individual organisations or localities.

The creation of AP roles fulfils two main purposes. Firstly, to maximise the further development of staff capable of advancing their skills, knowledge and competence to higher levels which, in turn, helps to maximise the potential of employees. Secondly, these roles have often been created to help address shortages in medical trainee numbers as some of the work carried out by medical trainees can ably be done by other practitioners who have received appropriate training.

There is no national framework or agreed definition for the level of skill required for these roles and no national legal framework regulating them. The advantage of this current situation is that the roles are bespoke and meet a very clear local need. However this does lead to inconsistencies in the use of the title ‘Advanced Practice’, the levels of expertise gained, the banding of roles and means that the training is not always recognised outside of the organisation within which the learning and development took place.

The NHS Five Year Forward View (DH, 2014), and the work being done on new models of care within the Vanguard sites has further accelerated the demand for AP roles.

National work to date includes:

Nursing:

- NHS Scotland and NHS Wales have each developed a framework and toolkit for the development of advanced practice in nursing:
  
  http://www.advancedpractice.scot.nhs.uk/

- The Royal College of Emergency Medicine has published a curriculum for the role of Advanced Clinical Practitioner in Emergency Care (April 2015)
- Health Education England are currently consulting on a draft education and career framework document for District Nursing and General Practice Nursing, which is due for publication in the Autumn of 2015.
- The ‘Raising the Bar – the Shape of Caring: A review of the future education and training of registered Nurses and Care Assistants’ (HEE, 2015) includes a theme on ‘Assuring predictable and sustainable access to on going learning and development for registered nurses’
AHPs:

- A number of the AHP professional organisations e.g. the British Dietetic Association and the Chartered Society of Physiotherapy have, or are, developing career frameworks, including the role of an advanced or extended scope practitioner.

HEW will continue to build upon the good platform we have developed. There is a well established Consultant Practitioner development programme which prepares participants for Consultant Practitioner roles (or equivalent); the programme develops individuals around four domains:

- Specialist expert/advanced practice;
- Leadership;
- Education;
- Service Improvement.

Participants are work-based and also complete academic study at Masters or doctoral level during a three year period; we currently offer programmes in the following specialist fields: Emergency Care; Mental Health; Midwifery; Learning Disability; Cardiovascular (including neurological rehabilitation); Living with Frailty

Proposed Commissioning and Actions for 2016/17

- Continue to work with NHS Directors of Nursing, Heads of Midwifery and AHP Leads to scope current work in provider organisations
- Work with Directors of Nursing in Clinical Commissioning Groups to understand their perspective for these roles as they plan and commission new care models
- In collaboration with all parties develop a Wessex-wide Multi-professional Framework for Advancing practice, including the scope and titles for these roles; and following that develop a learning and development scheme to underpin the framework
- Work with the HEW and Wessex AHSN Task Forces in Primary Care and Mental Health to see if/how individuals with advanced practice skills may be part of solutions in these areas
- Work with the Vanguard sites within Wessex to support their plans for the training and development of and for advanced practice roles
Clinical Academic Careers and Innovation

Individuals with both clinical and academic research skills are recognised as making a valuable and unique contribution to the delivery of high-quality evidence-based care. Their breadth of skills enables them to undertake applied research in practice, apply research findings to practice and to lead innovation and service improvements. They also play a key role providing education and learning to and for future health care professionals.

There is a well-established national process to support individuals within the medical and dental professions who wish to develop their careers in this way, with a number of funded clinical/academic training posts available within the structure of post-graduate specialist training. However, until recently there was nothing similar in terms of scope and scale for the other health professions.

National work to date to support the clinical/academic development for the other professions includes;

- Developing the role of the Clinical Academic Researcher in the Nursing, Midwifery and AHP Professions (DH, 2012);
- Research and Innovation Strategy (HEE, 2014);
  - The framework describes the two schemes funded by the NIHR – these are:
    - The NIHR Integrated Academic Training Programme for Doctors and Dentists
    - The HEE/NIHR Integrated Clinical Academic Programme, for all healthcare professions except doctors and dentists – this has five levels (from pre masters’ level interns)

In Wessex there are well established systems for the NIHR Integrated Academic Training Programme for doctors and dentists and these programmes have operated successfully for many years. Recently, HEW has begun developing programmes and systems for the other professions, including;

- A Wessex-wide Clinical Academic Careers Steering Group
- An Internship scheme – offering short internships to individuals at transition points in their career; this includes approximately five pre-masters internships funded by HEE/NIHR; HEW also funds an additional 5-10 internships each year for individuals who are between masters’ and doctoral level or at post-doctoral level. In some years we have also been able to make a small number of post-doctoral awards (it is also important to note that a number of research councils and charities also offer doctoral and post-doctoral awards to all professional groups).
- A well established Consultant Practitioner development programme which prepares participants for Consultant Practitioner roles (see Advanced Practice section above)

Proposed Commissioning and Actions for 2016/17

- A well established Consultant Practitioner development programme which prepares participants for Consultant Practitioner roles (please see Advanced Practice section above)
- Continue to work with our Clinical Academic Careers Steering Group, in order to further establish systems and career paths locally to support clinical academic careers for all professions
- Review membership of our CAC Steering Group, which currently represents all professions with the exception of doctors and dentists
- Refresh the current HEW Clinical Academic Careers Strategy
Dental Workforce

The dental workforce is planned across the Wessex and Thames Valley regions although this excludes some staff groups that are planned nationally.

The oral health needs of the population have changed significantly over the past 40 years and the need for treatment of dental disease now lies predominately in the over 50s and those in lower socio economic groups. The forecast result of this change in patient needs is that there is likely to be a significant over supply of dentists in the longer term and therefore a re-balancing of the proportions of dentists and dental care professionals (DCPs), especially dental therapists that are trained, is anticipated. However, the reviews did state that workforce data issues meant no immediate decision can be made with confidence and therefore there should be no immediate change to dental school intakes.

Direct patient access to dental therapists and hygienists was introduced in 2013 and allows for different service models to be developed over the next few years.

Because there is not a Dental Teaching Hospital in Thames Valley and Wessex, there is a limit to the types of dental specialists and DCPs that can be trained locally. Wessex and Thames Valley train specialists in orthodontics, oral surgery, special care dentistry and dental public health, and directly commission training places for two of the six dental care professions – dental nurses and dental therapists. There is a reliance on market forces and individual dental practices to ensure training is provided for most dental nurses, the largest registrant group. As there is no national co-ordination of commissions for specialists and DCPs, there is a reliance on other regions to train DCPs and Specialists and for them to then migrate to this area.

Proposed Commissioning and Actions for 2016/17

- The current levels of DCP training numbers should be maintained.
- The current levels of dental undergraduate places and the resulting demand for Foundation places means there is a continued need to maintain or increase the number of training places in the region until at least 2020.
- Thames Valley and Wessex needs to be fully involved in national discussions on the distribution of dental specialty training numbers.
- Further work is required to promote dental nurse apprenticeships and increase awareness of this educational route to employers.
- A new approach to commissioning and contracting for dental services and developing managed dental clinical networks will require innovative approaches to education and training in primary care and support for workforce transformation.
Public Health

Following the development of the HEE Prevention and Public Health Action Plan\(^2\), the focus on understanding the needs of the public health and wider workforces is key in supporting the delivery of public health outcomes for the population.

The 5 Year Forward View clearly identifies the role of public health prevention and promotion as a key priority for the NHS. The Prevention and Public Health Action Plan identifies that -

‘HEE will work with PHE, LAs and other stakeholders to better understand the wider workforce implications and the levers to drive improvements in health’.

Furthermore HEE will, in addition to supporting education and training of the PH Specialist and Practitioner workforce, support the whole health and social care workforce in making every contact count and put population health at the centre of the work that it does.

In Wessex established collaboration between the School of PH, Directors of Public Health, PHE Workforce Leads and wider stakeholders has enabled the development of the public health and wider workforces. This includes:

- The continued development of practitioner registration.
- Further understanding of the public health workforce in relation to data and training needs.
- The on-going CPD requirements of Public Health Specialists.
- The integration of public health competencies into pre-reg curricula.
- The development of the Making Every Contact Count toolkit to support implementation.

Proposed Commissioning and Actions for 2016/17

- Continue to work with employers to understand supply and demand of the public health workforce.
- Continue to work with Local Authority Public Health Teams and PHE to understand the training, education, and CPD requirements of the PH and wider workforces in Wessex.
- To develop a Wessex wide Public Health Workforce strategy in order to set the strategic direction for training and education of the public health and wider system.
- To develop and deliver Making Every Contact Count (MECC) in Wessex by supporting organisations to implement MECC.
- To integrate public health and prevention into education commissioning and education curricula.

HEE South-Wide Planning
HEE South comprises Health Education South West, Health Education Thames Valley and Health Education Wessex. The geography stretches from the Isles of Scilly in the West as far as Milton Keynes in the East, an area of approximately 12,000 square miles and a population of approximately 8.6 million people.

As outlined in the 2015/16 HEE Planning Guidance as part of this workforce planning cycle the LETBs which constitute HEE South have piloted the use of a regional modelling approach for the following medium-sized AHP groups;

- Dieticians
- Podiatrists
- Speech and Language Therapists

These staff groups have been selected for the pilot due to their relatively small workforces and the level of co-commissioning between the three LETBs.

These programmes are currently commissioned at the following universities;

- Dietetics – University of Plymouth and University of Surrey
- Podiatry – University of Plymouth and University of Southampton
- Speech and Language Therapy - University College St Mark and St John and University of Reading

Given the wide geographical spread of the universities any proposed changes in commissioning arrangements would need to give careful consideration of the equitable distribution of placements across the geography.
Podiatry

Age Profile

This represents the combined commissions for the South Region

Previous Commissions

Supply and Demand Forecast

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Training Programme</td>
<td>3 yrs</td>
</tr>
<tr>
<td>Joiners Rate</td>
<td>7.3%</td>
</tr>
<tr>
<td>Av. Retirement Age</td>
<td>62</td>
</tr>
<tr>
<td>Non-Retiring Leavers Rate</td>
<td>6.6%</td>
</tr>
<tr>
<td>Average Training Loss</td>
<td>15%</td>
</tr>
<tr>
<td>Commissions as a % of Staff in Post</td>
<td>13%</td>
</tr>
</tbody>
</table>

- Supply modelling suggests that the workforce will expand by 32% between 2015 and 2020
- The 5 year demand forecast from NHS Trusts indicates a small decrease in future demand, however this will not take into account changes in the demand for podiatrists to work in the private sector

Workforce Context

- Increases in the number of people with diabetes is likely to drive an increase in the requirement for podiatrists, although these may not be employed in the NHS
- Podiatrists are employed both in the NHS and in the independent sector.

Proposed Commissioning and Actions for 2016/17

- Maintain current commissioning levels, as the model does not factor in demand from the non-NHS sector.
- Work with education providers and employers to ensure full recruitment to commissions and improve the training programme completion rates in line with the DH/HEE Mandate.
- Support employers and education providers to continue to work together to provide high quality placements for all students which endorse NHS values and behaviours.
- HEW to continue to act as lead commissioner for Health Education Thames Valley.
- Explore opportunities to ensure that appropriate professional input and PVI sector engagement is incorporated into the workforce planning and education commissioning process.
Education and Training Plan 2015 - 2016

Speech and Language Therapy

Age Profile

- 20-29: 3%
- 30-39: 18%
- 40-49: 24%
- 50-59: 23%
- 60-69: 32%

Previous Commissions

- 2012: 40
- 2013: 60
- 2014: 50
- 2015: 70

This represents the combined commissions for the South Region

Supply and Demand Forecast

- Length of Training Programme: 3/4yrs
- Joiners Rate: 8.7%
- Av. Retirement Age: 61
- Non-Retiring Leavers Rate: 6.1%
- Average Training Loss: 15%
- Commissions as a % of Staff in Post: 8%

Workforce Context

- The 5 year demand forecast from NHS Trusts indicates that the overall demand for Speech and Language therapists to work in NHS settings in the South will remain constant
- A Wessex trust has indicated some current recruitment problems and an anticipated increase in demand for all therapists to work in community services.

Proposed Commissioning and Actions for 2016/17

- To maintain commissions at current levels since the model does not take into account demand from the non NHS sector, nor are flows to other regions fully understood.
- To work with our commissioning LETBs to ensure course attrition and recruitment is aligned with Mandate expectations.
- To engage in national debate regarding a national or regional commissioning model for speech and language therapy.
- Health Education South West continues to act as lead commissioner for Dorset and Salisbury.
Dietetics

Current Workforce:

Age Profile

The supply and demand forecast indicates that if current workforce and training trends continue then supply will begin to exceed demand in the medium term.

Workforce Context
- Nationally, the supply of dieticians is predicted to increase by approximately 32%.
- Approximately 19% of dieticians work outside of the NHS.
- There is some evidence of current recruitment difficulties for Wessex Trusts.
- There are a growing number of dietetic support workers delivering nutritional care.

Proposed Commissioning and Actions for 2016/17
- To maintain commissions at 2015/16 levels since the model does not take into account demand from the non NHS sector.
- Health Education Wessex commission directly with the University of Surrey for Hampshire and the Isle of Wight. Health Education South West continues to take the lead commissioning role for Dorset and Salisbury.

Supply and Demand Forecast

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Training Programme</td>
<td>4yrs</td>
</tr>
<tr>
<td>Joiners Rate</td>
<td>7.6%</td>
</tr>
<tr>
<td>Av. Retirement Age</td>
<td>58</td>
</tr>
<tr>
<td>Non-Retiring Leavers Rate</td>
<td>4.7%</td>
</tr>
<tr>
<td>Average Training Loss</td>
<td>21%</td>
</tr>
<tr>
<td>Commissions as a % of Staff in Post</td>
<td>8%</td>
</tr>
</tbody>
</table>

Previous Commissions

This represents the combined commissions for the South Region

![Graph showing commissions and starters from 2012 to 2015]
Medical Workforce

National Planning Approach

During the past fifteen years there has been a significant increase in the number of postgraduate training places across the majority of medical specialties.

HEE currently spends £2.5bn annually on the training of undergraduate medical students and postgraduate medical education. This investment alters incrementally, with generally minor changes to individual specialties and ‘feeder’ programmes. However, the overall trajectory of investment is consistently upwards. As a result of decisions of previous planning rounds, the number of trainees gaining a Certificate of Completion of Training (CCT) grows each year, and will continue to grow for at least the next five years.

The 2015 HEE Workforce Plan for England outlined the HEE position that future changes in investment in postgraduate medical education will be made decisively and at scale. These will be based in coherent multi-professional workforce plans which look to the future of service delivery.

There are 60 medical specialties and HEE cannot robustly plan for all specialties in any one year. In 2015/16 HEE nationally, and at LETB level, will focus on developing three-year commissioning plans for a defined list of selected specialties. There will be varying approaches dependant on the size of the specialty.

The following ‘large’ specialties will be reviewed collectively over the course of 2015/16:

- Clinical Radiology
- Paediatrics
- Emergency Medicine
- Obstetrics and Gynaecology
- General Practice

These specialties account collectively for approximately one third of all hospital-based postgraduate medical training places. General Practice has been included as it is the subject of a specific mandate commitment and there is a requirement to understand collectively the overall supply trajectory and the LETB level components of that trajectory.

In addition to the detailed workforce supply and demand modelling which will be undertaken, there are a number of system enablers that HEE will need to address to mitigate some of the structural issues which constrain change, and will enable providers to maintain current service delivery while actively implementing plans for a different future;

- A credible and agreed approach to the decommissioning of posts.
- Develop a plan to enact the commissioning decisions without an adverse impact on patients. This could include:
  - appropriate notice (for example a minimum of 18 months)
  - support with alternate service delivery options (for example Advanced Nurse Practitioners, and Physicians Associates)
  - clear and consistent policy on the retention of funding for locums and other intermediate solutions
- A strategic and tactical response to the behaviour of trainees in their choice of geography and specialty.
- To understand the ‘choose for quality’ versus ‘choose for geography’ dynamic, and how this might be influenced in the future.
A rational answer to the geographic distribution of HEEs budget in support of the proposals emerging from this work

Assurance that planned levels of training are what is being delivered.

Understand the recurrent medium-term financial impact of proposals: an increase of one in trainee output should require 1 post to be created for each of the next 3-7 years. Spend is a product of volume of posts not annual commissions or output.

In addition, a process will also be undertaken to review the smallest medical specialties (the fourteen specialties which collectively account for less than 2% of training posts). Individual LETBs will coordinate, on behalf of HEE nationally, the planning, supported by centrally coordinated analysis. Each LETB will develop a report to the HEE Executive which:

- Describes the context for the review;
- Summarises the work undertaken and the findings

In 2015/16 HEW will review Paediatric Cardiology on behalf of HEE.

For the remainder of the medical specialties it is assumed that in most cases the overall numbers will remain broadly unchanged (as they have done for a number of years), pending detailed reviews of each of these in subsequent years.

The 13 LETBs and the national team will submit proposals for the total number of posts in the selected specialties and the proposed allocation between LETBs for 2017, 2018 and 2019 to the HEE Executive in February 2016. Based on the response from the HEE Executive the 13 LETBs and the national team working with DEQ colleagues will propose an implementation plan which addresses the enabling actions outlined above.

Health Education Wessex Issues

Locally, HEW has made some reductions over recent years in the number of specialty training posts in line with the Medical Commissioning Strategy, to align numbers of medical training posts more closely with future service need.

There remains an issue in acute medical specialties, where the work intensity for the medical registrar on call is being reported again as unsustainable in the General Medical Council annual trainee survey. HEW is experiencing increasing difficulties recruiting to acute medical programmes. In 2015 overall recruitment was only at 76% for its entire medical specialty training programmes. The School of Medicine is looking to develop initiatives to promote the attractiveness of training in Wessex. HEW is also engaging in a Wessex wide MTI (Medical Training Initiative) scheme to help all Trusts to fill vacancies in medicine training programmes.

Increasing GP training numbers will only exacerbate the pressures on the availability of the junior doctor workforce in acute trusts. This means that, as highlighted in the new national process, HEW needs to continue to engage in service redesign with trust partners looking at role substitution and investing in training an alternative workforce, for example, the advanced nurse practitioner role which is increasingly being developed to work alongside middle grade doctors. In the longer term, the implementation of the recommendations of the Shape of Training Review (2013) could also address the issues.

HEW Foundation School manages a complex programme providing acute, community and academic placements across the whole of Wessex. HEW has plans to remain on track to meet or exceed all national targets for psychiatry and community placements in foundation training.

In 2015 a pilot of Broad Based Training (BBT) was planned, but recruitment to these posts was unsuccessful, mirroring difficulties nationwide but we will continue to pursue this initiative in 2016.
A number of specialties continue to experience supply and recruitment difficulties, most significantly general practice, psychiatry, acute medicine and emergency medicine.

**General Practice**

Wessex is relatively well resourced with GP’s, having 74.4 GPs per 100,000 compared to the national average of 67.8 per 100,000. However, the system is reporting increasing numbers of vacancies which cannot be recruited into with particular geographical hot-spots. There is great concern nationally about the work intensity in General Practice with problems not only with recruitment but also career-long retention. There are particular concerns about the impact of the numbers of GPs who are signalling their intention either to reduce their working hours or even to take early retirement. A survey in 2014 by the Wessex Local Medical Committee (LMC) reported that nearly 40% of practices are short of GP sessions.

Nationally, HEE has been increasing the numbers of GP training opportunities; however, in 2015 no increase occurred, in line with national policy to defer any further increase to 2016. Unfortunately, we have been unable to fill 30 of the 142 vacancies. There are areas where vacancies are concentrated, highlighting the increasing challenge nationally of trainees prioritising the geography of their training and future work over and above any particular career choice.

HEW is exploring ways to support the Isle of Wight with the ongoing workforce challenges which, when combined with broader workforce issues, presents a unique challenge within Wessex. Interventions to support medical workforce supply include exploring innovative rotation design, supporting MTI and developing role substitutes.

HEW has recognised the far-reaching effects of the workforce issues in primary care and has created a Primary Care Taskforce to develop a range of solutions to address these issues.

**Psychiatry**

There are ongoing issues nationally and locally with low levels of recruitment to training posts in psychiatry. Wessex has been particularly badly affected in 2015, managing to recruit only 10 out of 34 advertised posts at core and higher training levels. However, the overall fill rate is 73% for the core programme and 50% for higher training for August 2015.

The Foundation programme has increased the numbers of suitable psychiatry placements which forms part of the national initiative to promote recruitment into psychiatry as a positive career choice for trainees, meeting the national target. In addition, short induction placements and two month taster placements continue to be offered.

For 2016 we will continue to recruit to the full cohort of core training posts but will also continue to use unfilled posts from previous years to place foundation and GP trainees.

HEW has formed a Mental Health Taskforce to look at promoting the attractiveness of psychiatry as a career in Wessex, developing a broader mental health workforce and promoting the Parity of Esteem Agenda.

**Emergency Care**

Emergency medicine has experienced particular difficulties across the country in filling training posts, resulting in difficulties in staffing emergency department rotas at middle grade and senior level. This has led to significant increased expenditure on locums and agency staff.
The HEW Emergency Medicine Taskforce has had great success with initiatives to train Advanced Emergency Care Practitioners and SAS doctors as well as developing “Protocolised pathways” for the commonest presenting conditions. Many of these initiatives have been adopted by the national Emergency Medicine Taskforce.

The School of Emergency Medicine has also concentrated on protecting the quality of the training with enhanced education support for trainees, exam preparation and specifically protecting trainees from working excessive hours to cover for rota gaps. HEW has been successful in recruiting to an expanded ACCS programmes. Retention of trainees on the new run through programmes has been sustained together with attracting doctors with different backgrounds into the DRE-EM programme.

We are continuing to provide training for a further cohort of Advanced EM practitioners, and we have appointed programme directors to continue to develop the SAS and nursing and AHP practitioners working in Emergency Medicine to realise their potential contribution to the service.
Education and Training Plan 2016 - 2017

Appendices
### Annex 1: Non-Medical Commissions

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual 14/15</th>
<th>Actual 15/16</th>
<th>Forecast 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Nursing + Midwifery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which Total Nursing Commissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Nurses (inc 12 dual adult/children's)</td>
<td>654</td>
<td>700</td>
<td>750</td>
</tr>
<tr>
<td>Children's Nurses</td>
<td>85</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Mental Health Nurses (inc 12 dual adult/mental health)</td>
<td>122</td>
<td>134</td>
<td>134</td>
</tr>
<tr>
<td>Learning Disability Nurses</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Midwives 1&lt;sup&gt;st&lt;/sup&gt; (registration commissions)</td>
<td>99</td>
<td>99</td>
<td>103</td>
</tr>
<tr>
<td><strong>Community Nursing Commissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Children's Nurses</td>
<td>3</td>
<td>3</td>
<td>TBC</td>
</tr>
<tr>
<td>District Nurses</td>
<td>10</td>
<td>17</td>
<td>TBC</td>
</tr>
<tr>
<td>Health Visitors</td>
<td>65</td>
<td>49</td>
<td>TBC</td>
</tr>
<tr>
<td>Practice Nurses</td>
<td>10</td>
<td>25</td>
<td>TBC</td>
</tr>
<tr>
<td>School Nurses</td>
<td>5</td>
<td>14</td>
<td>TBC</td>
</tr>
<tr>
<td>Occupational Health Nurses</td>
<td>2</td>
<td>1</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>Allied Health Professional Commissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatrists</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Diagnostic Radiographers</td>
<td>51</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Dieticians</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>66</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Operating Department Practitioners</td>
<td>52</td>
<td>52</td>
<td>57</td>
</tr>
<tr>
<td>Orthoptists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Paramedics</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Prosthetists/Orthotists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Speech and Language Therapists</td>
<td>23</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Therapeutic Radiographers</td>
<td>23</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td><strong>Clinical Psychology Commissions</strong></td>
<td>20</td>
<td>19&lt;sup&gt;4&lt;/sup&gt;</td>
<td>19</td>
</tr>
<tr>
<td><strong>Pharmacy Commissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Registration Pharmacists</td>
<td>28</td>
<td>30</td>
<td>TBC</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>21</td>
<td>23</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>IAPT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Intensity</td>
<td>34</td>
<td>24</td>
<td>TBC</td>
</tr>
<tr>
<td>Of which Low Intensity</td>
<td>34</td>
<td>30</td>
<td>TBC</td>
</tr>
</tbody>
</table>

---

<sup>3</sup> There are a number of reciprocal lead commissioning arrangements between Wessex and neighbouring LETBs. The activity identified in the above table only represents commissions for which Wessex is financially liable.

<sup>4</sup> Overall commissioning numbers for Clinical Psychology will remain the same, this reflects a change of lead commissioning arrangements.
Annex 2: Medical Commissions

Details of medical commissions will be available in October