

Heart Disease: understanding the future service and workforce needs

Executive Summary

Background and Purpose:

[CVD](#) affects around seven million people in the UK and is a significant cause of disability and death. It is responsible for one in four premature deaths in the UK and accounts for the largest gap in healthy life expectancy and is identified as a clinical priority in the NHS Long Term Plan. Therefore, it was felt important that NHSE and HEE programme teams and other stakeholders come together in a workshop and identify how as a national programme we can draw on available expertise to help shape the workforce agenda for heart disease. The aims are to understand current priorities for the heart disease workforce, the pressures and challenges they face, suggest solutions to them and identify current barriers to achieving these ambitions and changes.

This report provides an overview of the facilitated discussions from an organised workshop, held on August 11th 2022. It identifies what the collective short-medium and long-term actions need to be at all levels in addressing workforce challenges for heart disease aligned with emerging service priorities and needs, including education and training.

Summary of Discussion and Actions:

Workforce Data and Supply

There are perceived workforce gaps across all levels, with opportunities to align workforce priorities through the NHSE People Directorate/ Plan. Standardisation of both the demand and supply of data for the entire CVD workforce aligned to workforce transformation opportunities through the [‘HEE Star’](#) is vital.

Recommendation: Scope how best we can help develop actions to address uniformity in data system sources and any system data gaps, providing solutions to address these. This could help shape and create a national CVD workforce dashboard providing ‘real-time’ intelligence at all levels, aligned and modelled in conjunction with the NHSE Peoples Directorate and HEE Data Intelligence teams.

Actions:

- Creation of a core multi-professional ‘CVD Data Workforce Strategy and Delivery Group’.
- Alignment of activity with the medical education reform programme (MERP) work on medical workforce distribution and expansion and others.
- Understand and articulate CVD specialist workforce supply data for other professional groups within the cardiac pathway.

- Deliver a national CVD workforce dashboard that will help align service and workforce priorities.

Workforce Upskilling and Training

There should be a consideration to focus on prevention to support and prepare the population and, promote both self and shared care. Other key emerging priorities include heart failure management and cardiac rehabilitation uptake in primary care. The emerging themes focussed on (i) skills and capabilities (ii) emerging models of care (iii) patient training and support.

Recommendation: Explore and develop a core set of capabilities for the CVD workforce. This will consider opportunities around emerging models of care aligned with new roles and ways of working to deliver a future 'service ready' workforce with a core set of functional capabilities.

Actions:

- Creation of a core multi-professional 'CVD Capability Framework Group'.
- Alignment of activity with the advanced clinical practice cardiovascular credentialing work and [others](#).
- Understand and articulate core capabilities covering both the generalist and specialist workforce along the entire cardiac pathway.
- Deliver a national CVD core capabilities framework that will help align service priorities and workforce capabilities.

Recommendation: Explore further training and development opportunities for the workforce. This will require NHSE and HEE CVD teams working with national partners to align activity with emerging models of care, ensuring benefit to service users from an effectively upskilled workforce.

Actions:

- Deliver a series of stakeholder engagement events and consultations with national partners to further understand what workforce CVD training and development needs are.
- Undertake workforce training needs analysis through the cardiac delivery networks.
- Understand available postgraduate training offers and how these align with emerging service priorities and models of care.
- Address training and development gaps by delivering effective solutions. This includes making a case for budget through the annual multi-professional education and training investment plan ([METIP](#)) and comprehensive spending review ([CSR](#)).

New Roles and Ways of Working

Nationally we need to understand all current job roles within the CVD network and find how best each of these are utilised locally and share best practice back through the cardiac delivery networks. Discussion around hospital/community combined roles and the need to investigate this further at Trust level. Need to understand for

example what the current heart failure nurse specialist (and others) development needs are. Roles need to be created beyond the confines of the registered workforce and we need to think of the benefits others bring for example health and wellbeing coaches, support workers, care navigators etc.

Recommendation: Once formed, the 'CVD Multi-professional Capability Framework Group' should develop effective career pathways underpinned by a generic-specialty-based capability driven framework.

Actions:

- Undertake an analysis of available CVD career frameworks and how these align with current service needs and emerging models of care.
- Account for CVD 'specialist skills' within generic [associate](#), [generalist](#) and [advanced](#) career pathways.
- Develop a definitive career and development pathway for those aspiring to work in CVD (using learning from work underway in [cancer](#)).
- Promote future careers along the entire cardiac pathway building future workforce capacity and capability at all levels.
- Creation of a repository that showcases career advancement opportunities linked to job roles and profiles.

Recommendation: Identify and further understand career roles within the CVD network and share best practice. These can be further embedded using the cardiac networks (CNs) infrastructure through local workforce transformation initiatives, for example using the 'HEE Star' methodology.

Actions:

- Include workforce as a core priority area for cardiac networks and ensuring alignment with local workforce transformation initiatives.
- Scope current roles identifying workforce gaps and opportunities that will help address workforce challenges across the cardiac pathway.
- Run a series of dedicated cardiac network workforce workshops and engagement events enabling sharing best practices and opportunities for collaboration.
- Implementation of 'HEE Star' workshops through cardiac networks to support local workforce transformation to drive implementation of careers at local level.

Recommendation: ICBs and cardiac networks should investigate further the prospect of a network-based workforce that can move around and overcome the current competition for posts between Trusts. The teams can relocate based on need and engender cross sector working to tackle the wider CVD challenges.

Actions:

- Understand local workforce CVD roles and careers and how these are embedded across local pathways and aligned to service priorities.
- Create 'sector fluid' roles that account for required generalist and specialist skills based on local cardiac service priorities and user needs. This should be fed-back

through national networks to help shape national planning activities and service models.

- Maximise emerging **transformation** opportunities for **cardiology** ensuring a continuous improvement programme with workforce at the heart of this.

Leadership

There needs to be closer working between all parts of the system at all levels with closer national engagement between NHSE/HEE, professional societies, patient organisations and charities to help 'shape' an effective national workforce intervention. The two key areas that emerged were infrastructure and finance.

Recommendation: Harnessing structural opportunities as they arise, national/regional/local workforce interventions need to be co-created and driven uniformly across systems, ensuring mutually beneficial networks emerge that create equity and support the needs of service users.

Actions:

- Create capacity and capability within system level CVD programme teams to ensure they are adequately equipped and skilled to deliver workforce CVD ambitions and priorities.
- Scope and deliver CVD 'support offers' that will help leadership development at all levels, especially around ICS and cardiac network engagement and workforce development.

Recommendation: Budget planning processes at all levels need to consider how CVD workforce agendas are supported and delivered. Commissioning arms play an important part role and leaders need to be equipped in making this happen.

Actions:

- Ensure funding prioritisation and support for the CVD workforce through annual budgetary planning cycles at ICS and national level.
- Align CVD transformation opportunities, service priorities and user needs with allocated workforce funding. This will ensure equity that aims to focus to reduce health inequalities, service pressures and mortality from CVD, that continues to be a significant cause of death in England.