Health Education England

A Capacity Review – Public Health Specialists in 2019

Rupert Milsom & Don Liu, ***Health Education England***

David Chappel & Anna Sasiak, ***Public Health England***

Objectives

- Quantify the capacity of the Public Health Specialist Workforce in England in September 2019.
- Provide estimates of future demand for the Public Health Specialist Workforce in England in the period ending September 2022.
- Compare the findings with those of the 2017 and 2015 to highlight trends that may influence future workforce supply.

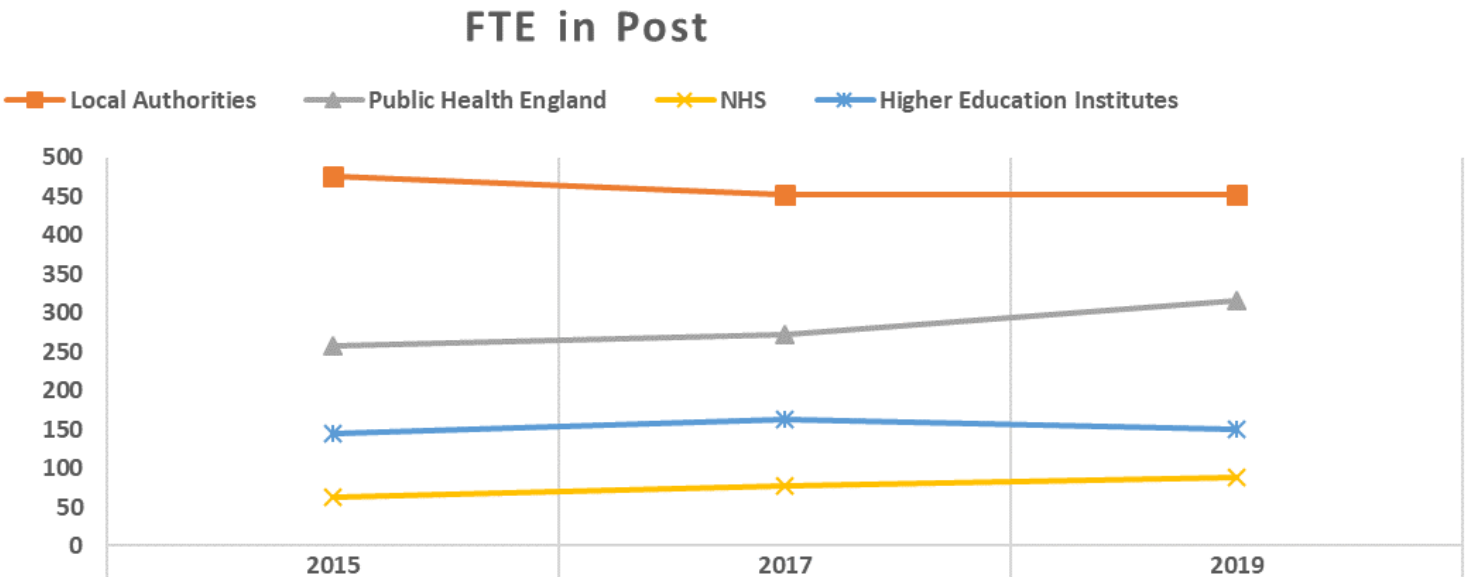
NHS
Health Education England

Contents

Executive Summary

- The Public Health Specialist Workforce *(Directors of Public Health and Public Health Consultants)* has increased by approximately 5% since 2017 *(2017: 965 FTE; 2019: 1,007 FTE).*

Year	Total FTE
2015	939
2017	965
2019	1,007

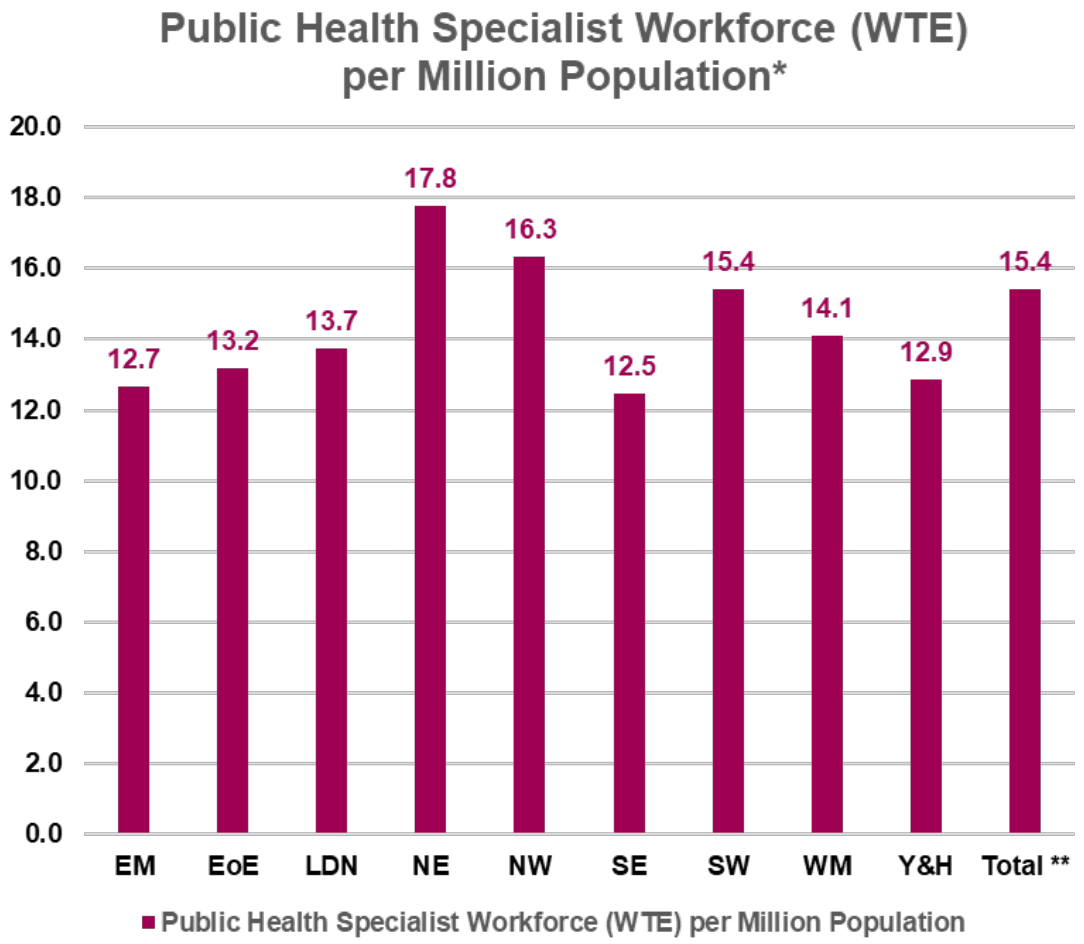


	2015	2017	2019
Local Authorities	475	453	453
Public Health England	257	272	315
NHS	63	78	89
Higher Education Institutes	144	162	150

Health Education England

Combined Public Health Specialist Workforce (LAs + PHE + NHS)

PHE Region	Public Health Specialist Workforce WTE
East Midlands	60
East of England	85
London	123
North East	47
North West	118
South East	110
South West	85
West Midlands	82
Yorkshire And The Humber	70
National	60
Unknown	17



* Population data is taken from Office for National Statistics 2018: Overview of the UK Population (https://www.ons.gov.uk)
** Total column includes those identified as working nationally or whose locality is unknown. Total does therefore does not offer a regional mean.

Executive Summary

- There are distinct differences in characteristics *(Working Patterns, Age Profiles and Registration Profile)* between the workforces in Local Authorities, Public Health England, the NHS and Higher Education Institutes. This may be related to the posts in different organisations attracting people at different stages of their careers. Whatever the reasons it will need to be considered for the purpose of workforce planning.

- However some holistic points of note include:

  - The workforce in 2019 has a changed age pattern to 2017. The proportion of the workforce who are over 60 has increased (particularly within PHE and Local Authorities) and those in the younger age categories with fewer in the middle. This may prove an immediate challenge in terms of workforce supply.

  - There has been a modest increase (~3%) in the proportion of the workforce that are registered with the UK Public Health Register. This is as was anticipated by the previous work of the Centre for Workforce Intelligence in 2015 and 2016.

  - The national body of registered individuals has increased since 2017, meaning the pool of potential recruits is larger.

NHS
Health Education England

Public Health Registrations

Registration	UK, 03-17	UK, 09-19	Change (%)
General Medical Council Public Health or Epidemiology	1,057	1,012	- 4%
General Dental Council Dental Public Health	104	101	- 3%
UK Public Health Register Generalist Specialist	510	552	+ 8%
UK Public Health Register Defined Specialist	91	115	+ 26%
UK Public Health Register Dual Specialist	3	3	0 %
Total	1,765	1,783	+ 1 %

Health Education England

Public Health Specialist Workforce Capacity in Local Authorities

Health Education England

Workforce Capacity in Local Authorities

Methodology

Tool

- The data collection tool and questions were designed by HEE and PHE, to capture information on the **numbers and demographics of Public Health Specialists as of September 2019**. It also captured **unfilled/vacant posts**
- The tool was based on similar exercises conducted by HEE and PHE in 2015 & 2017, so where possible appropriate links to previous results have been made.

Survey live period

- Data collection was undertaken in October to November 2019, with promotion by PHE Local Centres and ADPH and data provided by local authorities via Directors of Public Health (or suitable deputy).

Data Clarity Notes

- Raw data was cleaned (i.e. correcting assumed clerical or data entry errors), and corrected to ensure consistency with reported FTE.
- As this data is from a voluntary survey, it is not a complete dataset. Results are therefore estimates.
- The reported 'margin of error' is calculated on the basis of the number of responding local authorities. However, because survey respondents were self-selecting and therefore not 'random', the actual margin of error may be higher
- Results are presented by PHE centre, rather than by HEE local team area. PHE centres correspond to local government regions, making these centres a more appropriate means of reporting than HEE local teams and regions.

NHS
Health Education England

Survey Response Rate

PHE Region	Responding LAs	Total LAs	Response Rate (%)	Estimated Margin of Error*
East Midlands	9	9	100%	**0%**
East of England	12	12	100%	**0%**
London	33	33	100%	**0%**
North East	12	12	100%	**0%**
North West	21	23	91%	**6%**
South East	10	18	56%	**21%**
South West	12	16	75%	**15%**
West Midlands	11	14	79%	**14%**
Yorkshire And The Humber	15	15	100%	**0%**
Total for England	**135**	**152**	**89%**	**3%**

* Margin of Error calculated using a 95% confidence limit. Margin of Error calculations on a non random sample (such as this) should be considered within this context and viewed as indicative.

NHS
Health Education England

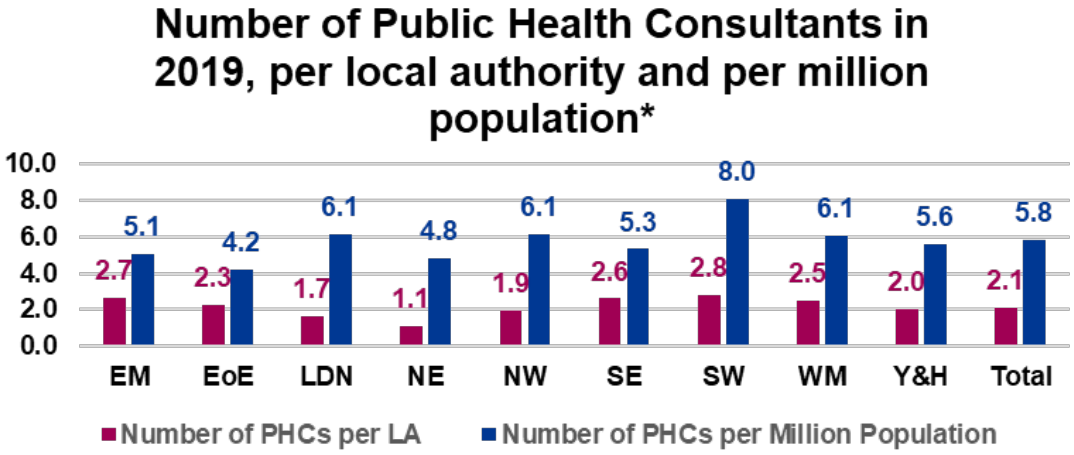
Responding Authorities

PHE Region	Total LAs	Response Rate (%age)	Responding Local Authorities	Non - Responding Local Authorities
East Midlands	9	100%	Derby UA, Derbyshire, Leicester UA, Leicestershire, Lincolnshire, Northamptonshire, Nottingham UA, Nottinghamshire, Rutland UA	N/A
East of England	12	100%	Bedford Borough, Cambridgeshire, Central Bedfordshire UA, Essex, Hertfordshire, Luton UA, Milton Keynes UA, Norfolk (covers Great Yarmouth), Peterborough UA, Southend on Sea UA, Suffolk (covers Waveney), Thurrock UA	N/A
London	33	100%	Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Camden, City of London, Croydon, Ealing, Enfield, Greenwich, Hackney, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Kingston upon Thames, Lambeth, Lewisham, Merton, Newham, Redbridge, Richmond upon Thames, Southwark, Sutton, Tower Hamlets, Waltham Forest, Wandsworth, Westminster	N/A
North East	12	100%	County Durham UA, Darlington UA, Gateshead, Hartlepool, Middlesbrough UA, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, South Tyneside, Stockton on Tees UA, Sunderland	N/A
North West	23	91%	Blackburn with Darwen, Blackpool, Bolton, Cheshire East UA, Cheshire West and Chester UA, Cumbria, Halton UA, Knowsley, Lancashire, Liverpool, Manchester, Oldham, Rochdale, Salford, Sefton, St Helens, Tameside, Trafford, Warrington UA, Wigan, Wirral	Bury, Stockport
South East	18	56%	Brighton and Hove UA, Buckinghamshire, East Sussex Hampshire, Isle of Wight UA, Medway UA, Oxfordshire, Portsmouth UA, Southampton UA, Surrey	Bracknell Forest, Kent, Reading UA, Slough UA, West Berkshire UA, West Sussex, Windsor & Maidenhead UA, Wokingham UA
South West	16	75%	Bournemouth, Bristol, Cornwall UA, Devon, Dorset, Gloucestershire, Isles of Scilly UA, Plymouth UA, Poole UA, Somerset, South Gloucestershire UA, Torbay UA	Bath and North East Somerset, North Somerset UA, Swindon UA, Wiltshire UA
West Midlands	14	79%	Birmingham, Coventry, Dudley, Shropshire UA, Solihull, Stoke on Trent UA, Telford & Wrekin UA, Walsall, Warwickshire, Wolverhampton, Worcestershire	Herefordshire, Sandwell, Staffordshire
Yorkshire And The Humber	15	100%	Barnsley, Bradford, Calderdale, Doncaster, East Riding of Yorkshire UA, Hull City Council, Kirklees, Leeds, North East Lincolnshire UA, North Lincolnshire UA, North Yorkshire, Rotherham, Sheffield, Wakefield, York UA	N/A

Public Health Consultants (PHCs)

PHE Region	FTE – Responding LAs	FTE – Extrapolated
East Midlands	24	24
East of England	27	27
London	55	55
North East	13	13
North West	40	44
South East	26	47
South West	33	44
West Midlands	28	35
Yorkshire And The Humber	30	30
Total for England	**277**	**319**

- It is estimated that as of 30th September 2019 there were **319 FTE (±10 FTE)** Public Health Consultants in post within Local Authorities.
- This equates to **2.1 FTE per Local Authority** and **5.8 FTE per million population**. This varies considerably by region.



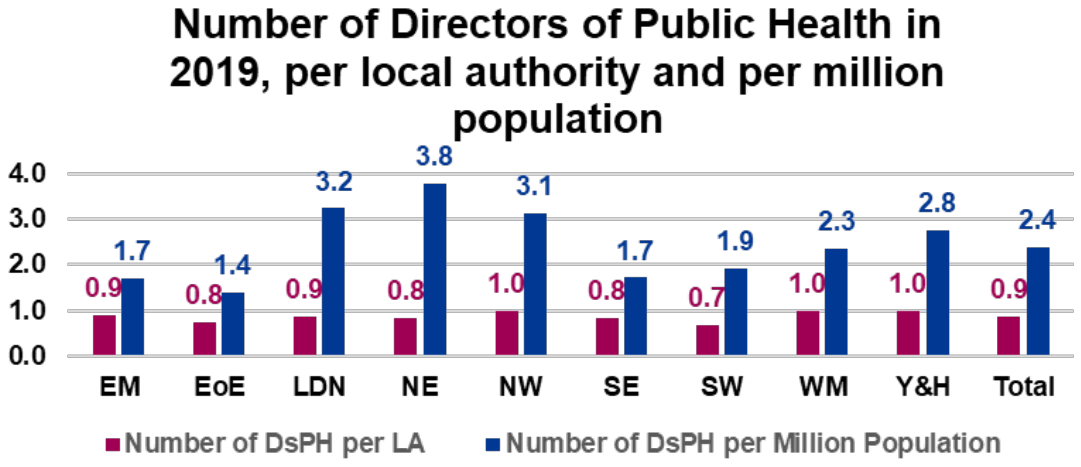
* Population data is taken from Office for National Statistics 2018: Overview of the UK Population (https://www.ons.gov.uk)

Directors of Pubic Health (DsPH)

PHE Region	FTE – Responding LAs	FTE – Extrapolated
East Midlands	8	8
East of England	9	9
London	29	29
North East	10	10
North West	21	23
South East	9	15
South West	8	11
West Midlands	11	14
Yorkshire And The Humber	15	15
Total for England	**120**	**134**

- It is estimated that as of 30th September 2019 there were **134 FTE (±4 FTE)** Directors of Public Health in post within Local Authorities.

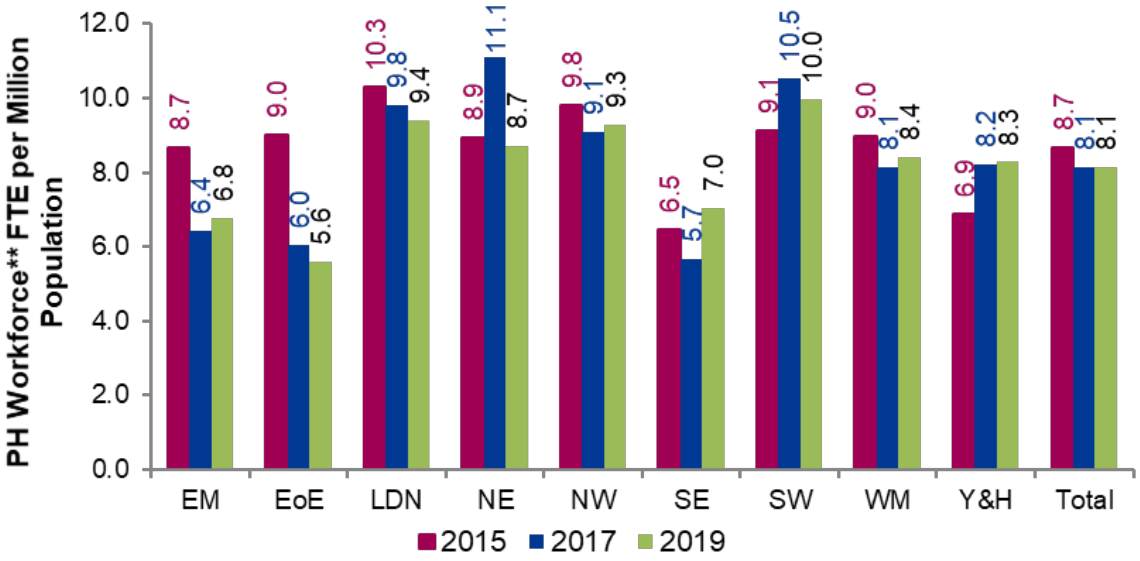
- This equates to **0.9 FTE per Local Authority** and **2.4 FTE per million population**. The latter is dependent on the size of local authorities (e.g. small Unitaries v large Counties) which varies considerably by region.



Health Education England

Temporal Comparison – 2015, 2017 & 2019

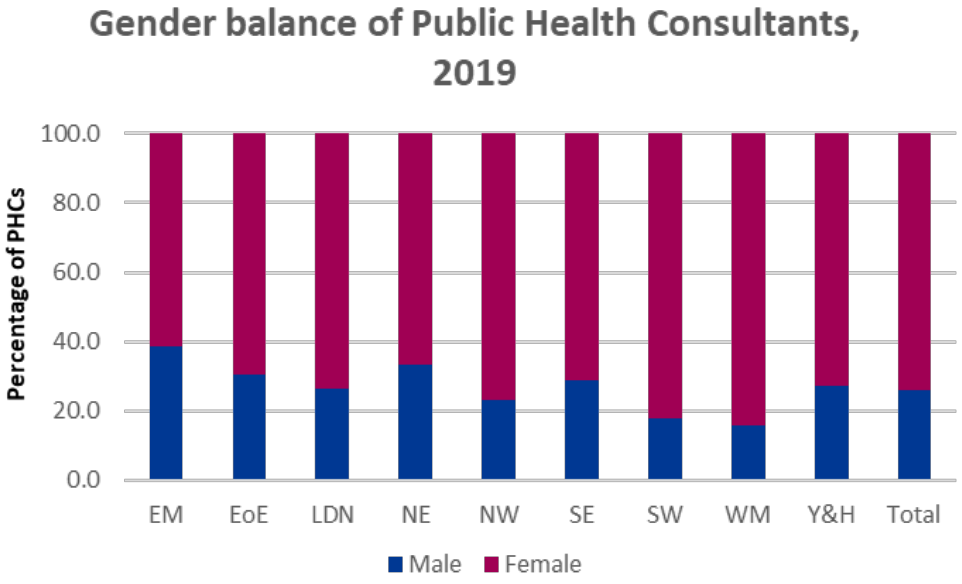
PHE Region	2015 FTE Estimate *	2017 FTE Estimate	2019 FTE Estimate
East Midlands	41	31	32
East of England	57	39	36
London	90	88	84
North East	24	29	23
North West	70	66	67
South East	56	50	62
South West	50	58	55
West Midlands	50	47	49
Yorkshire And The Humber	37	45	45
Total for England	**475**	**453**	**453**

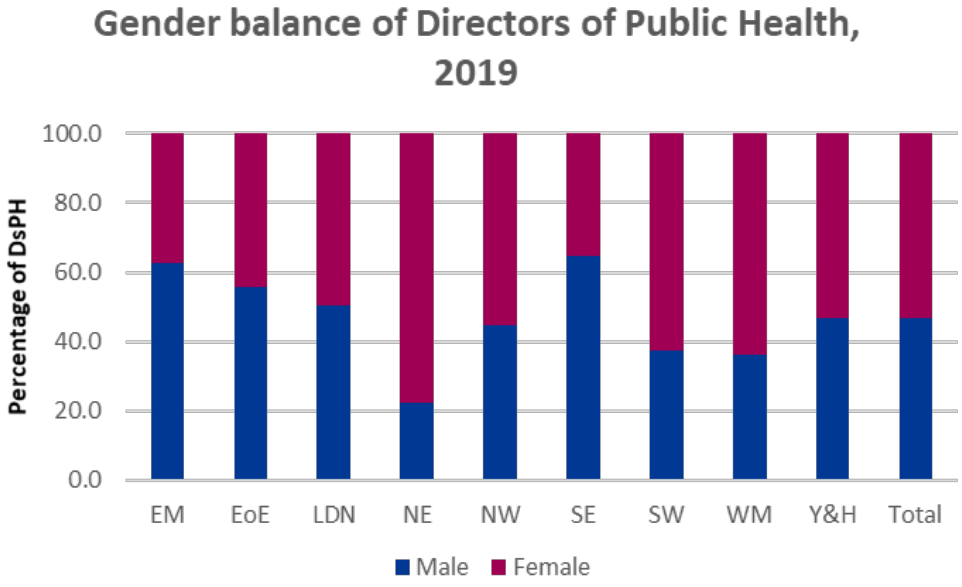


* For providing a comparison with 2015 FTE, we have estimated numbers using the same methodology as used for 2017/2019 and the original 2015 data.
** PH Workforce is a combination of Public Health Consultants and Directors of Public Health.

Health Education England

PH Specialist Workforce Gender Profile

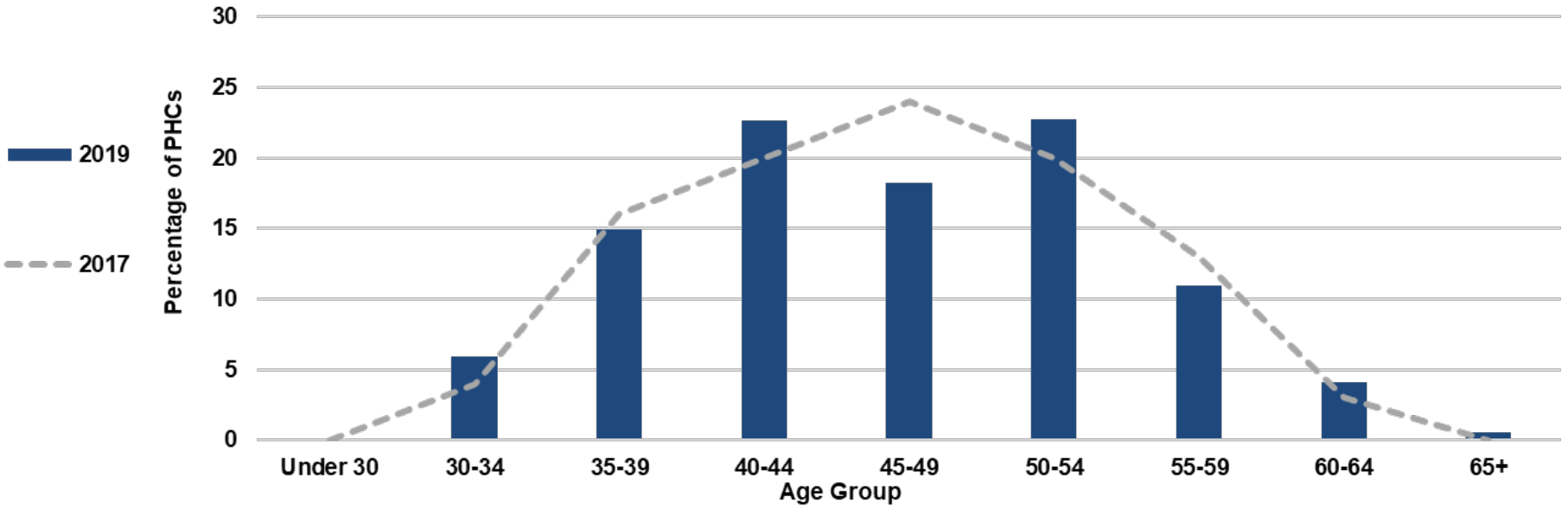




- In 2019, Females account for approximately 74% of local authority Public Health Consultants, an increase of 4% relative to 2017.

- In 2019, Males account for just under 47% of Directors of Public Health, an increase of 5% relative to 2017. Males only account for 29% of the examined workforce.

Age Profile – Public Health Consultants

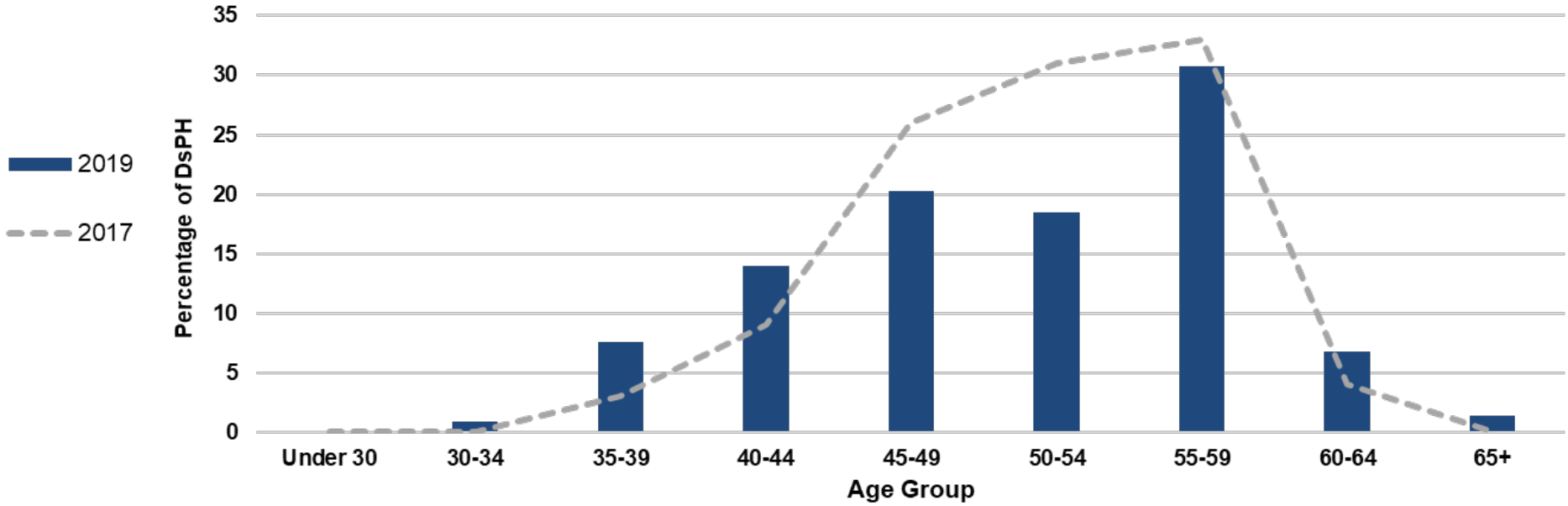


- Nationally in 2019, 39% of Public Health Consultants are aged over 50 years old, 3% higher than in 2017.

- Nationally within the 45-49 age group, a 6% reduction is observed in 2019 relative to 2017 (Circa 25 Individuals). This may represent a historical incident affecting workforce inflows and should be considered when forecasting future workforce outflow, principally retirements.

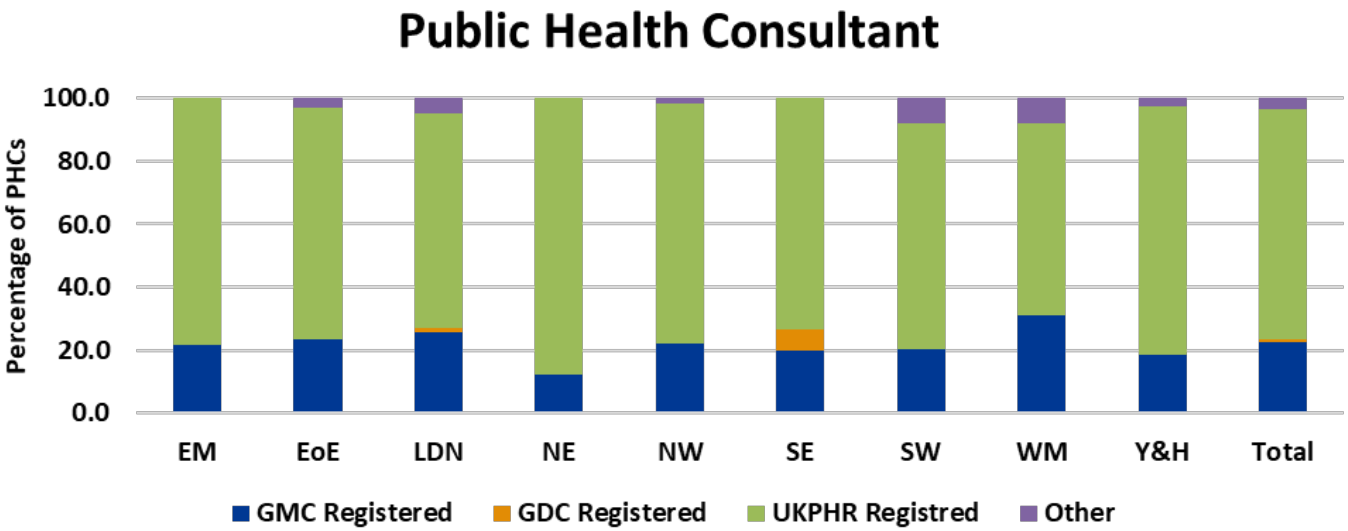
Health Education England

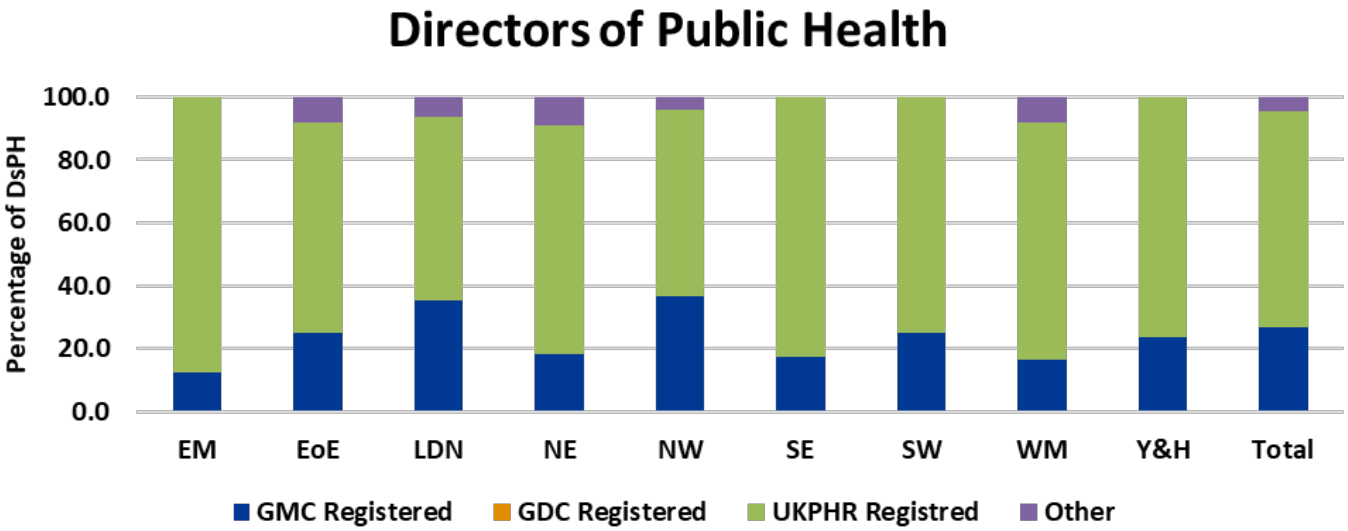
Age Profile – Directors of Public Health



- Nationally in 2019, 23% of Directors of Public Health are 44 years old or younger, 11% higher than in 2017.
- Nationally in 2019, 18% of Directors of Public Health are between 50 and 54 years . This compares to 31% in 2017, a difference of circa 17 individuals.
- Nationally in 2019, 8% of Directors of Public Health are 60 years old or older. This compares to 4% in 2017.

Registration





- The UKPHR remains the registry organisation for the majority (~ 70%) of the PH workforce, similar to 2017.
- As in 2017, there appears to be considerable regional variation in the registration profile of the both Public health Consultants and Directors of Public Health.

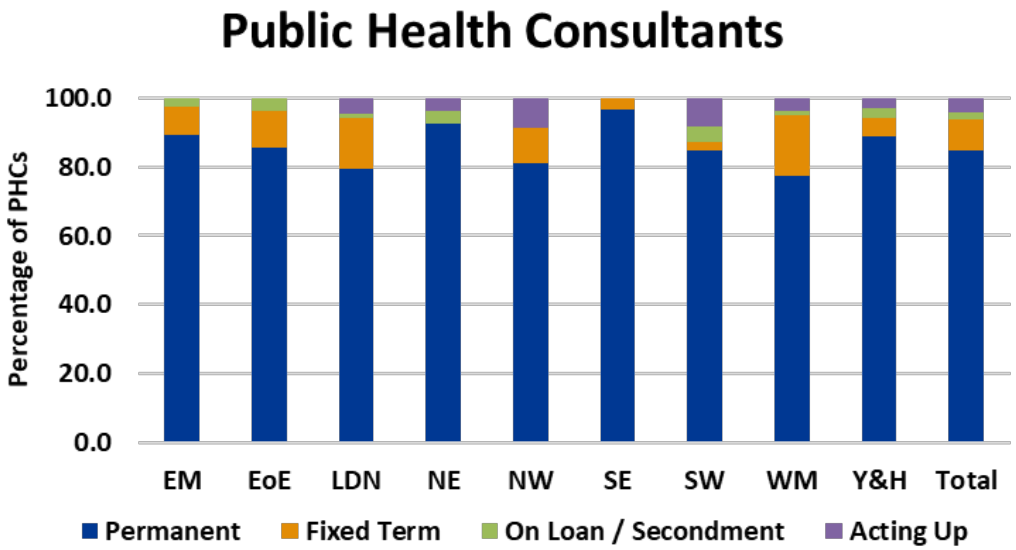
NHS
Health Education England

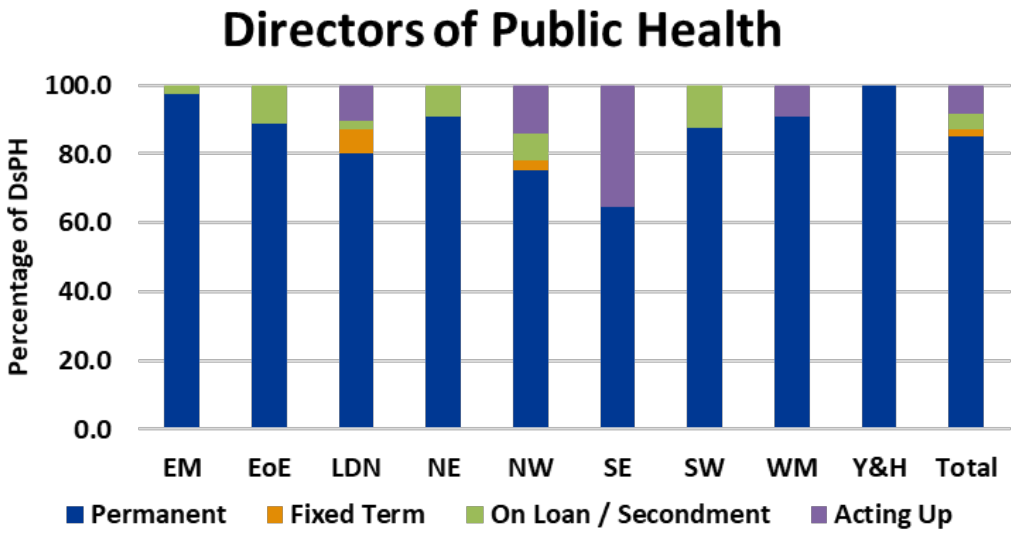
Registration (Tabular Data)

PHCs	GMC Registered	GDC Registered	UKPHR Registered	Other
EM	21.4% 4.8 FTE	0.0% 0 FTE	78.6% 17.6 FTE	0.0% 0 FTE
EoE	23.3% 7.7 FTE	0.0% 0 FTE	73.6% 24.31 FTE	3.0% 1 FTE
LDN	25.6% 16.4 FTE	1.6% 1 FTE	68.1% 43.58 FTE	4.7% 3 FTE
NE	12.2% 1.8 FTE	0.0% 0 FTE	87.8% 13 FTE	0.0% 0 FTE
NW	22.2% 9.1 FTE	0.0% 0 FTE	76.1% 31.19 FTE	1.7% 0.7 FTE
SE	20.0% 5.5 FTE	6.6% 1.83 FTE	73.4% 20.2 FTE	0.0% 0 FTE
SW	20.2% 7.4 FTE	0.0% 0 FTE	71.7% 26.3 FTE	8.2% 3 FTE
WM	31.2% 9.9 FTE	0.0% 0 FTE	60.6% 19.2 FTE	8.2% 2.6 FTE
Y&H	18.5% 6.7 FTE	0.0% 0 FTE	78.8% 28.6 FTE	2.8% 1 FTE
Total	22.5% 69.3 FTE	0.9% 2.83 FTE	72.9% 224 FTE	3.7% 11.3 FTE

DsPH	GMC Registered	GDC Registered	UKPHR Registered	Other
EM	12.5% 1 FTE	0.0% 0 FTE	87.5% 7 FTE	0.0% 0 FTE
EoE	25.0% 3 FTE	0.0% 0 FTE	66.7% 8 FTE	8.3% 1 FTE
LDN	35.5% 10.8 FTE	0.0% 0 FTE	57.9% 17.6 FTE	6.6% 2 FTE
NE	18.2% 2 FTE	0.0% 0 FTE	72.7% 8 FTE	9.1% 1 FTE
NW	36.8% 8.6 FTE	0.0% 0 FTE	59.0% 13.8 FTE	4.3% 1 FTE
SE	17.6% 1.5 FTE	0.0% 0 FTE	82.4% 7 FTE	0.0% 0 FTE
SW	25.0% 2 FTE	0.0% 0 FTE	75.0% 6 FTE	0.0% 0 FTE
WM	16.7% 2 FTE	0.0% 0 FTE	75.0% 9 FTE	8.3% 1 FTE
Y&H	23.5% 4 FTE	0.0% 0 FTE	76.5% 13 FTE	0.0% 0 FTE
Total	26.8% 34.9 FTE	0.0% 0 FTE	68.6% 89.4 FTE	4.6% 6 FTE

Contractual Status

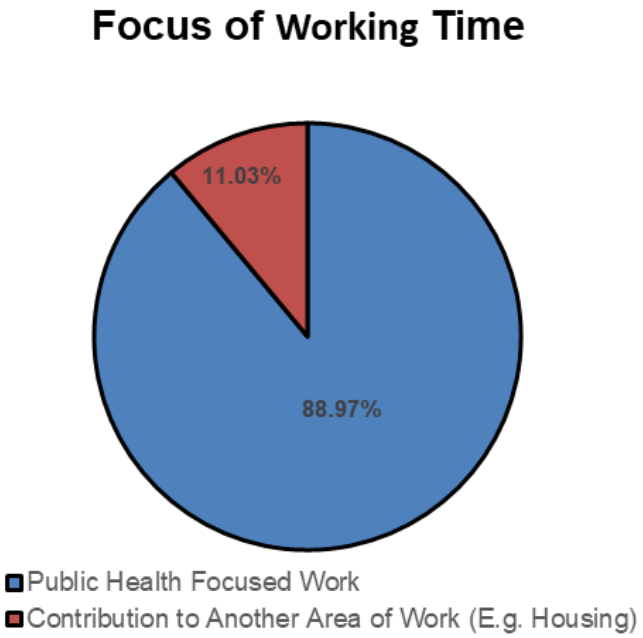




- Nationally, the contractual status of the Public Health Workforce within Local Authorities, is broadly comparable between 2017 and 2019.
- These results are comparable with the PHE workforce *(Permanent : 85%; Temporary: 15%).*

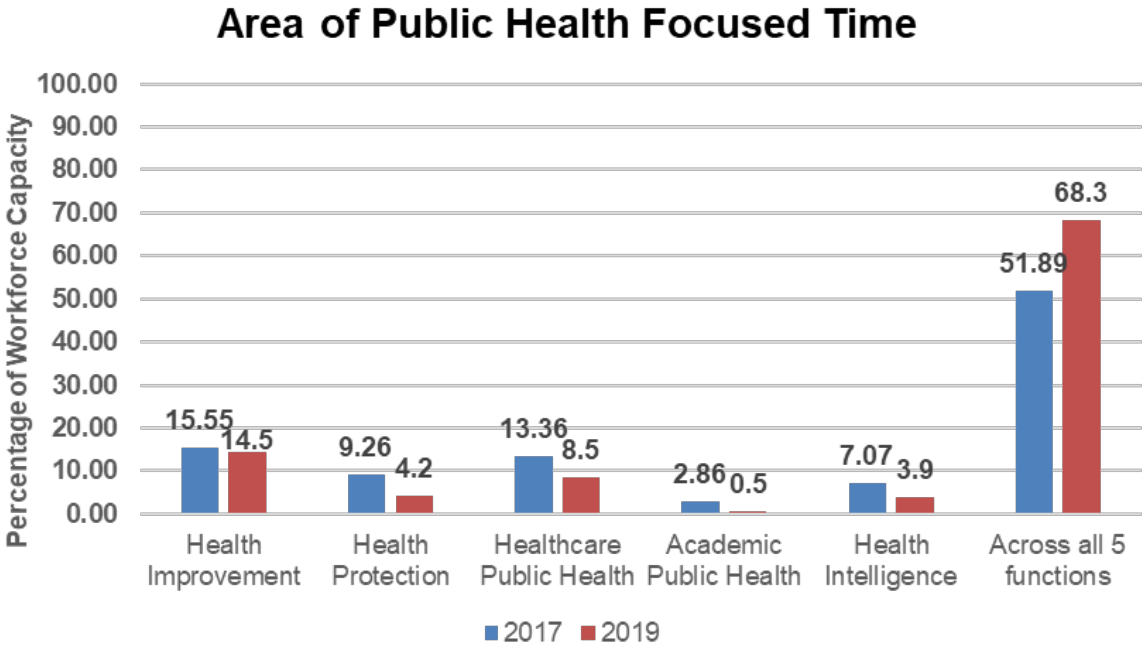
	Public Health Consultants		Directors of Public Health	
Contract Status	**2017**	**2019**	**2017**	**2019**
Permanent	87%	85%	83%	85%
Fixed Term	7%	9%	17%	2%
On Loan / Secondment	3%	2%	0%	5%
Acting Up	3%	4%	0%	8%

Work by Function* - Public Health Consultants



- Of time focused on Public Health, almost 70% of time was spent working across functions.

- It is reported that over 11% of working time of the Public Health Consultants was spent supporting other Local Authority functions, this compares to 16% in 2017.

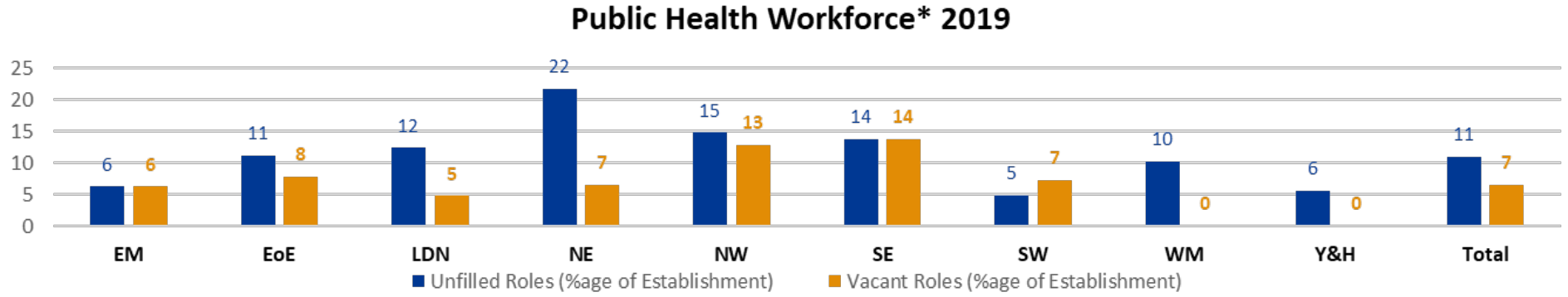


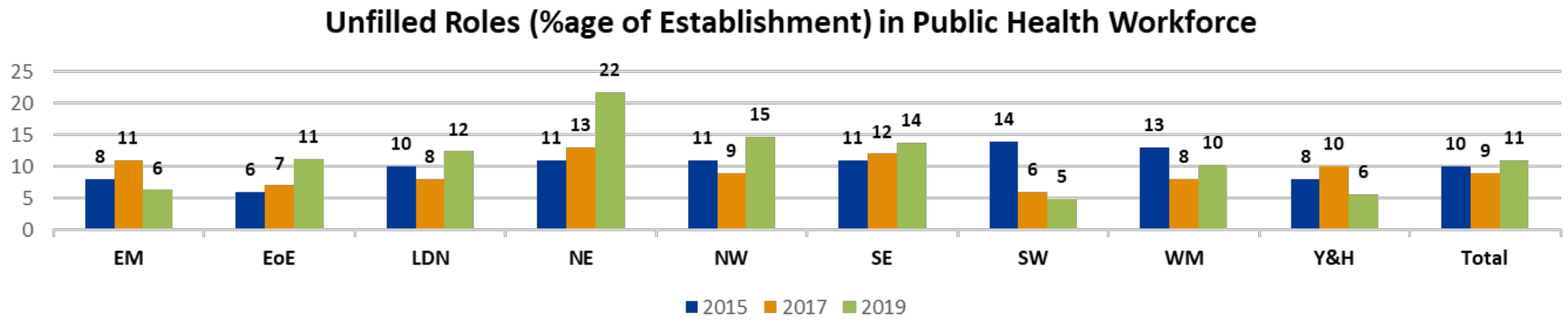
- *100% of responses for Directors of Public Health were defined as working across all 5 Public Health Area.*

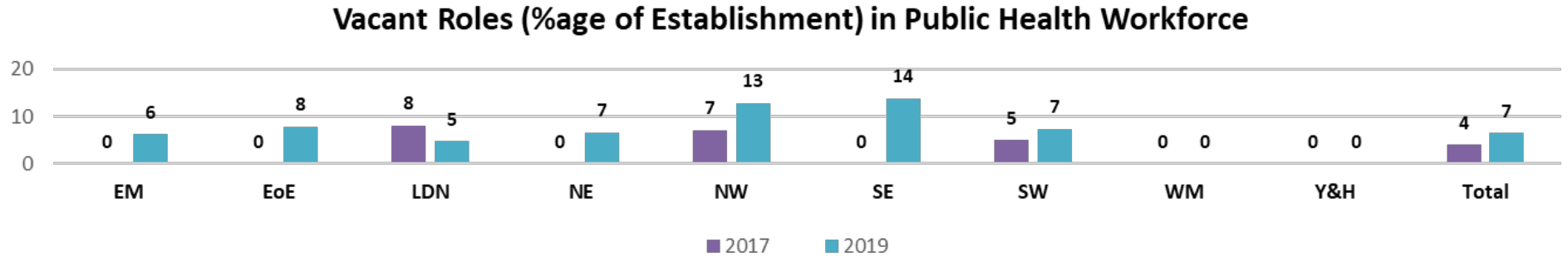
* We realise that this question may have been interpreted differently by different respondents so should be treated with caution. However, the numbers of DsPH taking on more LA functions has increased (ADPH survey) so the public health workforce may be stretched more thinly by taking in wider roles.

Unfilled and Vacant Posts

Health Education England







* PH Workforce is a combination of Public Health Consultants and Directors of Public Health.
Unfilled Roles = Establishment posts currently not filled (i.e. empty posts currently not being filled by local authorities, or being filled by temporary appointments)
Vacant Roles = posts currently advertised as vacant

Health Education England

Public Health Workforce Capacity in Local Authorities – Summary

- Generally, the Public Health workforce capacity has decreased slightly (3.4%) since 2015 and increased slightly (1.3%) since 2017 both per Local Authority and relative to the population.

- Generally, unfilled and vacant roles have increased since 2017.

- The number of Directors of Public Health under the age of 44 has almost doubled since 2015 (23% vs 12%).

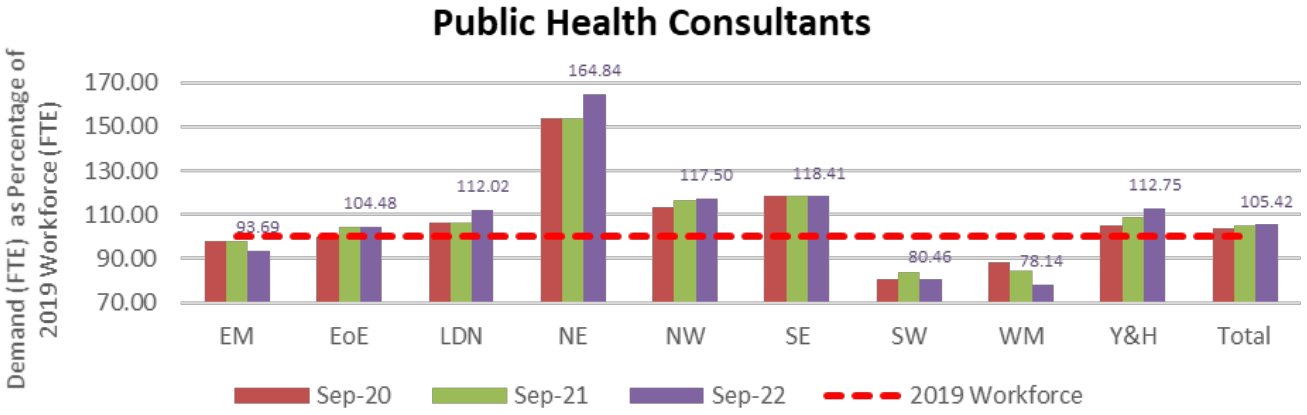
- Males are disproportionately represented in Director of Public Health roles compared to the total Public Health Workforce (DsPH, 47%; Public Health Workforce, 29%)

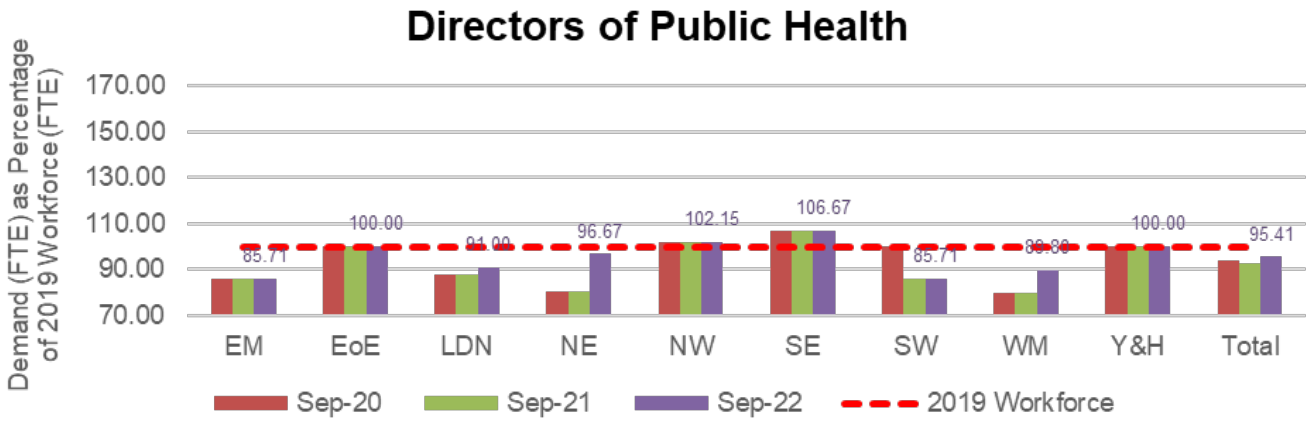
- The UK Public Health Register (UKPHR) remains the majority registry body for the local authority Public Health Workforce (~70%).

Future Public Health Workforce Demand in Local Authorities

Health Education England

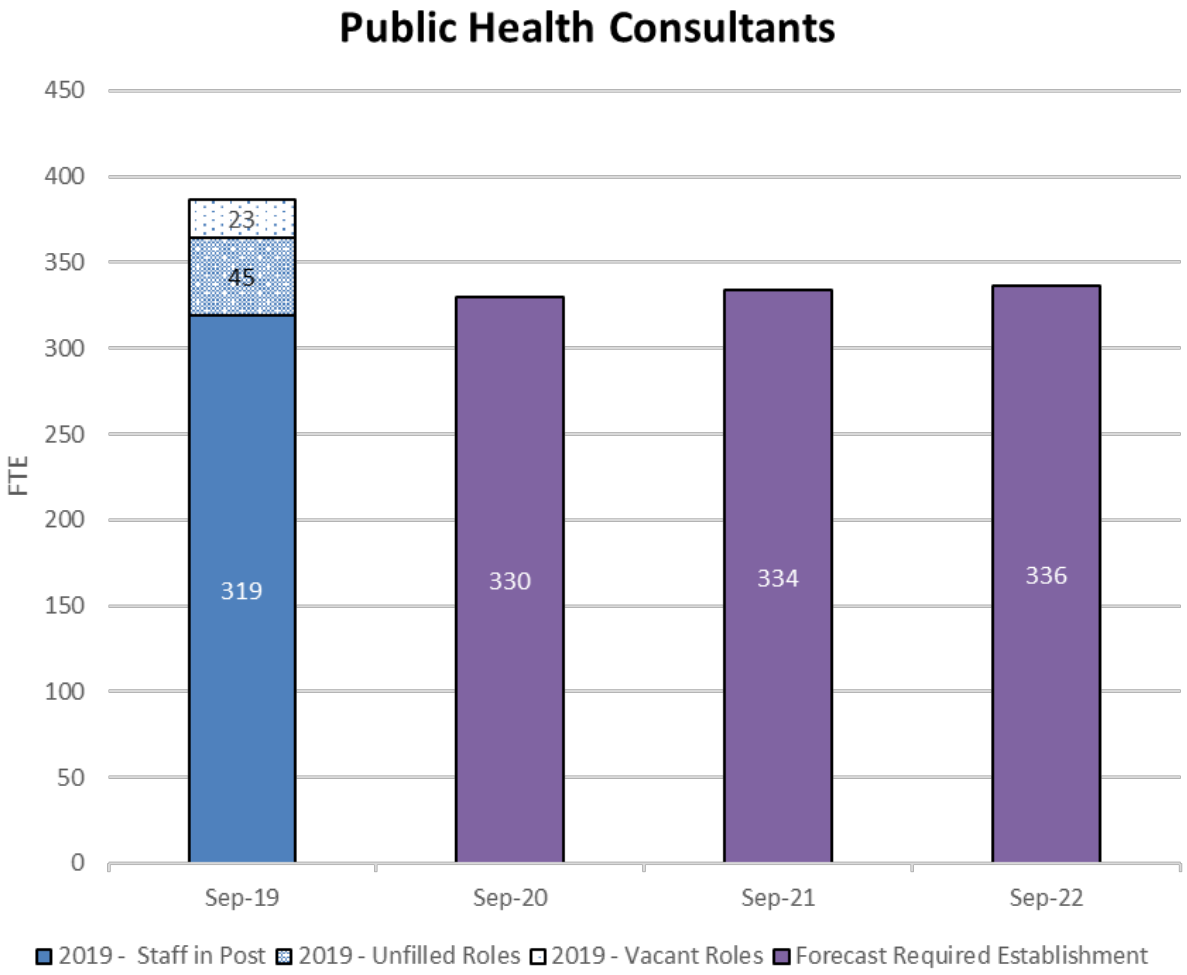
Future Workforce Demand in Local Authorities





- A small increase in demand for Public Health Consultants of 5% by September 2022 is predicted.
- A small reduction of 4.5% in the demand for Directors of Public Health in the period ending September 2022 is predicted.
- Changes to demand appear to vary greatly between geographies.

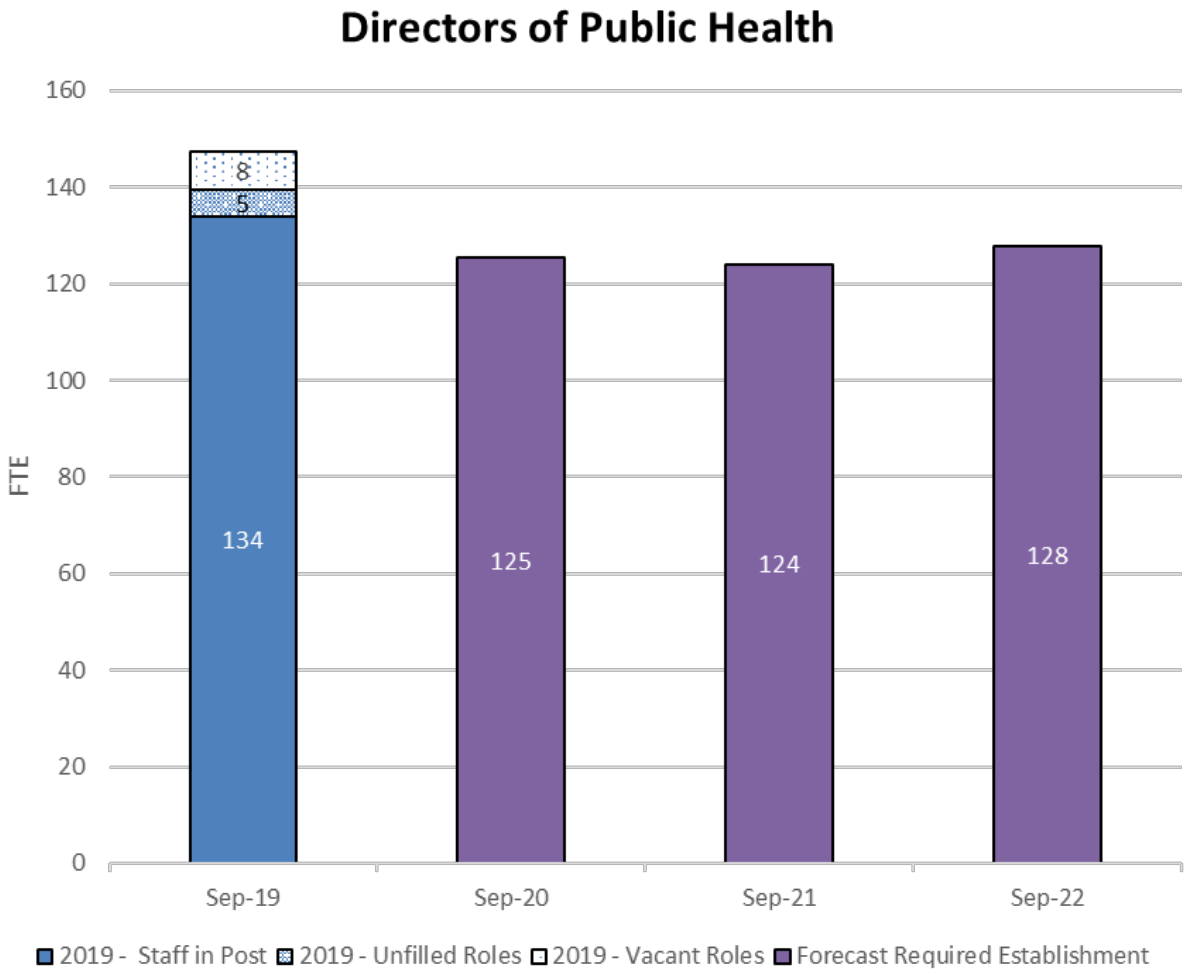
Future Workforce Demand in Local Authorities



- Based upon the growth expectations of survey respondents, 336 FTE Public Health Consultants will be required by September 2022.
- To achieve 336 FTE staff in post, will require the addition of 17 FTE, roughly equivalent to 80% of 2019 vacancies.

Health Education England

Future Workforce Demand in Local Authorities



- Based upon the growth expectations of survey respondents, 128 FTE Directors of Public Health will be required by September 2022.
- This represents a 6 FTE reduction in the current 2019 workforce.

Future Workforce Demand in Local Authorities - Summary

- Future Demand for Public Health Workforce within Local Authorities is set to rise within the context of many health workforces between 2019 and 2022, ***2.61%.***

- However, there are different expectations of growth for Public Health Consultants (***5.42%***) and Directors of Public Health (***-4.59%***).

- There are also considerable differences in the expected demand for both Public Health Consultants and Directors of Public health by region. The South West and West Midlands demand estimates suggest a reduction in demand for both roles, however the North East and North West demonstrate an expected increases in demand far beyond the national average.

Health Education England

Balancing Supply and Demand in Local Authorities 2019 vs 2022

- Considering estimated future demand and current unfilled roles and vacancies, effective staffing of the current identified establishment within Local Authorities should provide sufficient workforce capacity through the period ending September 2022.

- However, regional distribution of capacity may need to be reviewed.

- Unfilled and Vacant roles are generally observed at levels greater than were reported in either 2015 or 2017. This will need to be considered and potentially attenuated when considering whether the required establishment can be met.

Health Education England

Public Health Workforce Capacity in Public Health England and the NHS

Methodology

- **Numbers of staff working in PHE and in the NHS are recorded in the Electronic Staff Record.**

- **HEE has access to registration data from the General Medical Council and the General Dental Council,** which is used to check flows between training and entering the NHS workforce.

- **HEE currently does not have access to UK Public Health Register data; however registration numbers are available in the public domain.**

- **To confirm numbers working in PHE and in NHS organisations, our numbers are based on those recorded in the ESR as having a registration with the GMC, the GDC or the UKPHR in public health as of September 2019.** This provides numbers of public health registrants employed by either PHE or in the NHS.

- **Registrations are in either:**
  - Public health medicine or epidemiology (GMC)
  - Dental public health (GDC)
  - Public health, as either a defined specialist, dual specialist or generalist specialist (UKPHR).

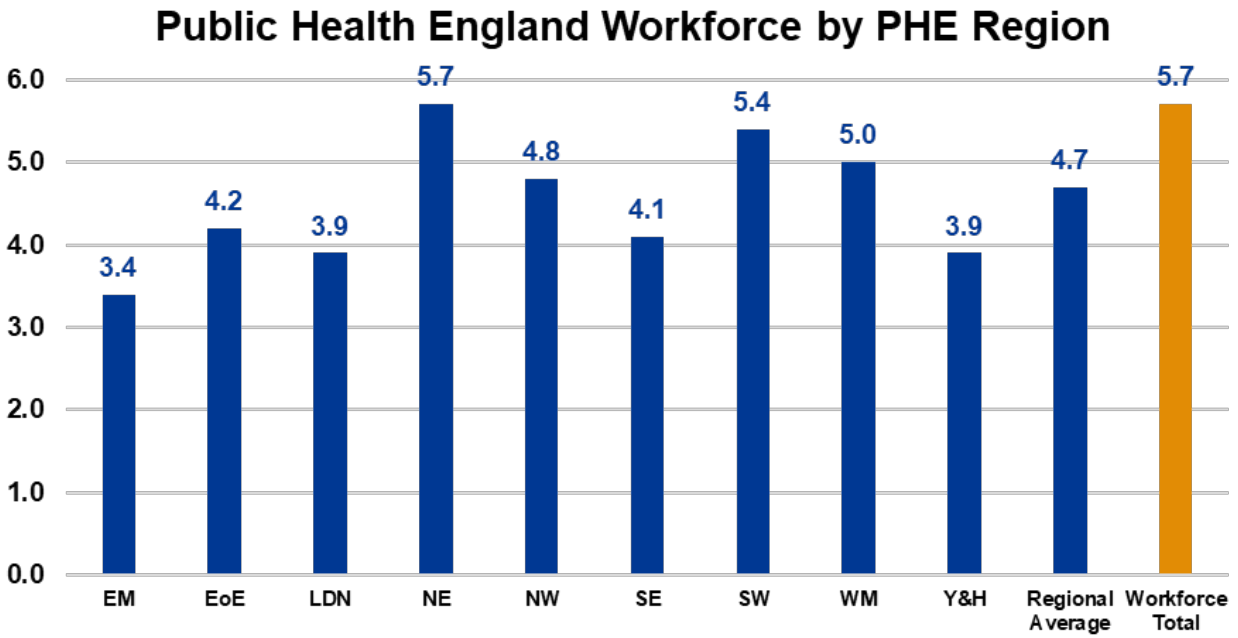
Data Quality Note

The accuracy of data output from ESR is heavily dependent upon the accuracy of data input. The recording of the Specialist Public Health Workforce within ESR is fairly nuanced and complex. Public Health England have undergone a programme of data quality assessment and improvement of the information pertaining to their staff within ESR, therefore the data accuracy of data is considered to be high. The data accuracy of NHS Trusts information for this workforce is considered to be variable in accuracy although broadly reliable. There may therefore be small data inconsistencies when reviewing data from the NHS workforce.

Staff in Post - Public Health England

PHE Region	2019 FTE
East Midlands	16
East of England	27
London	35
North East	15
North West	35
South East	36
South West	30
West Midlands	29
Yorkshire And The Humber	21
National	54
Unknown*	17
Total for England	**315**

- It is estimated that as of 30th September 2019 there were **315 FTE** Public Health Specialists in post within PHE.
- This equates to **5.7 FTE per million population**. This varies considerably by region.

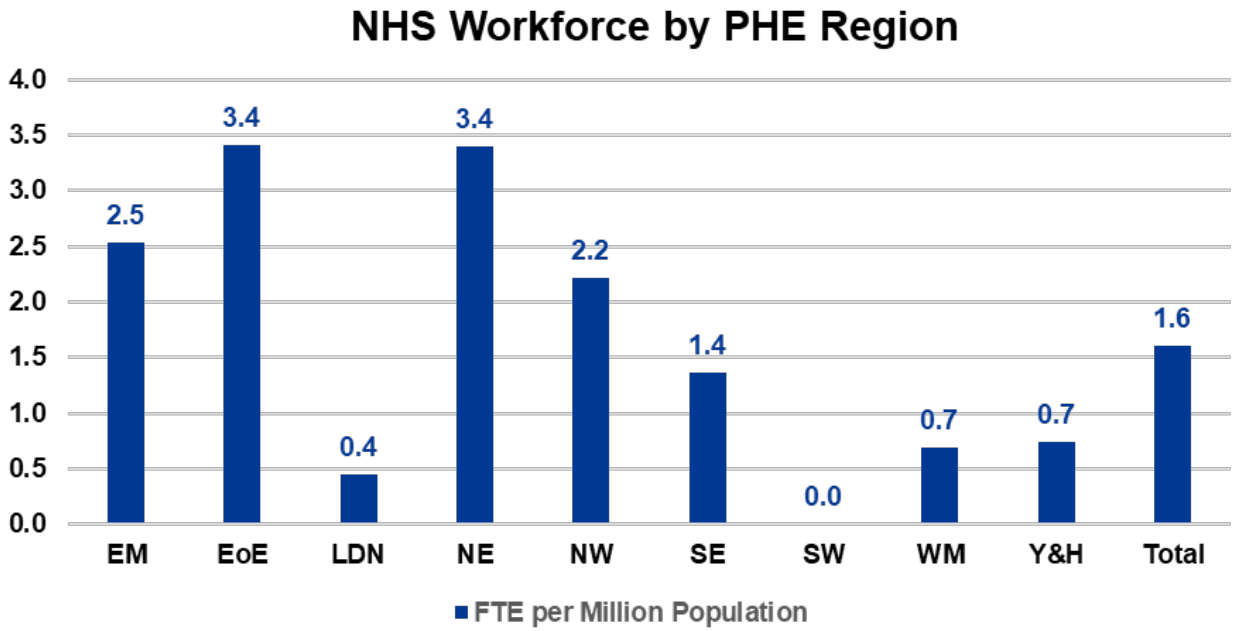


* Staff with a site that was not attributable to a specific PHE region have been recorded as “Unknown”. Where subsequent analysis is completed by PHE region “Unknown” and “National” staff have been Included within Workforce Total.

Staff in Post – NHS*

PHE Region	2019 FTE
East Midlands	12
East of England	22
London	4
North East	9
North West	16
South East	12
South West	0
West Midlands	4
Yorkshire And The Humber	4
National**	6
Total for England	**89**

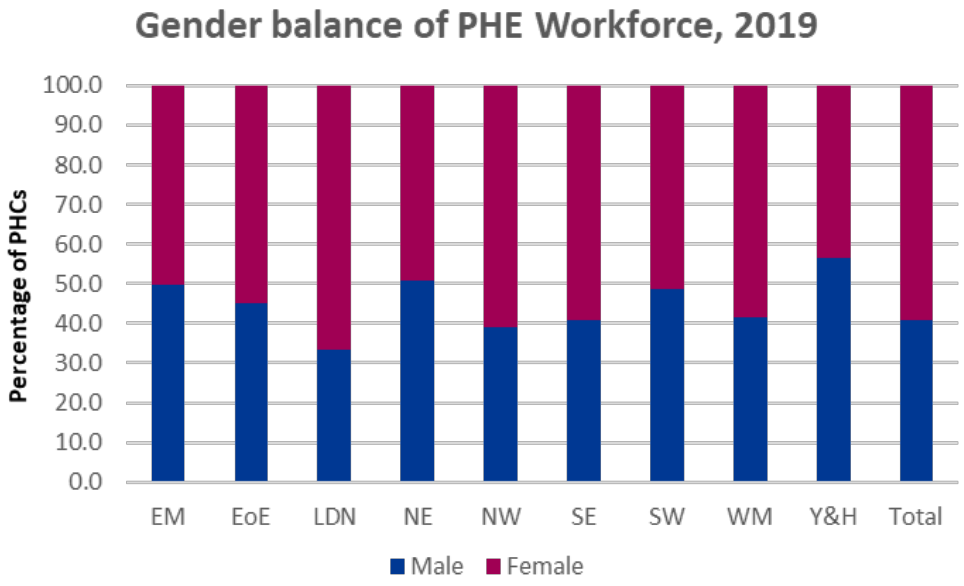
- It is estimated that as of 30th September 2019 there were **89 FTE** Public Health Specialists in post within the NHS.
- This equates to **1.6 FTE per million population**. This varies considerably by region.

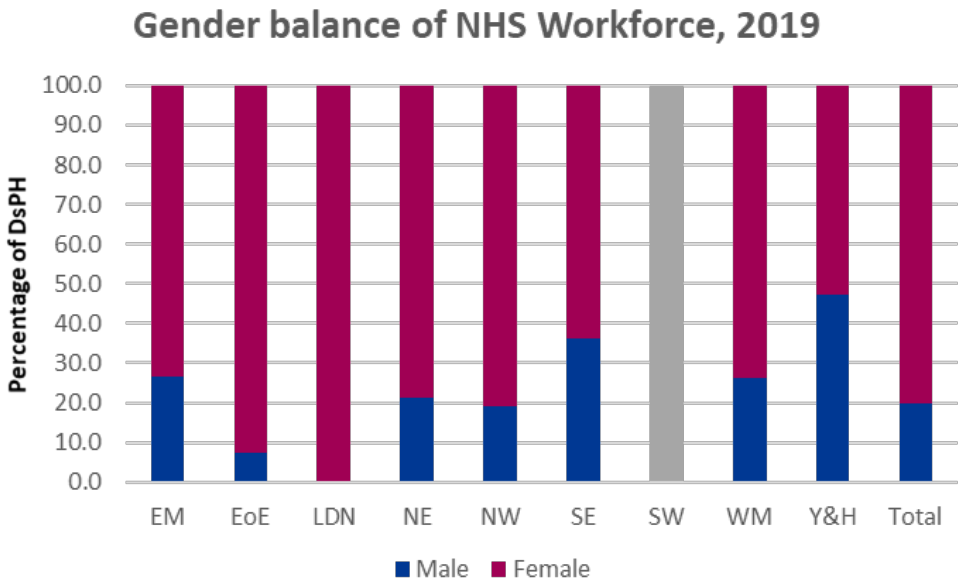


* NHS includes also NHS Provider Trust, NHS England and Improvement, Health Education England, and National Institute for Clinical Excellence
** Staff working on a national agenda have been recorded as "National". Where subsequent analysis is completed by PHE region these staff have been included within Workforce Total but will not be included within a PHE Region.

Health Education England

Workforce Gender Profile



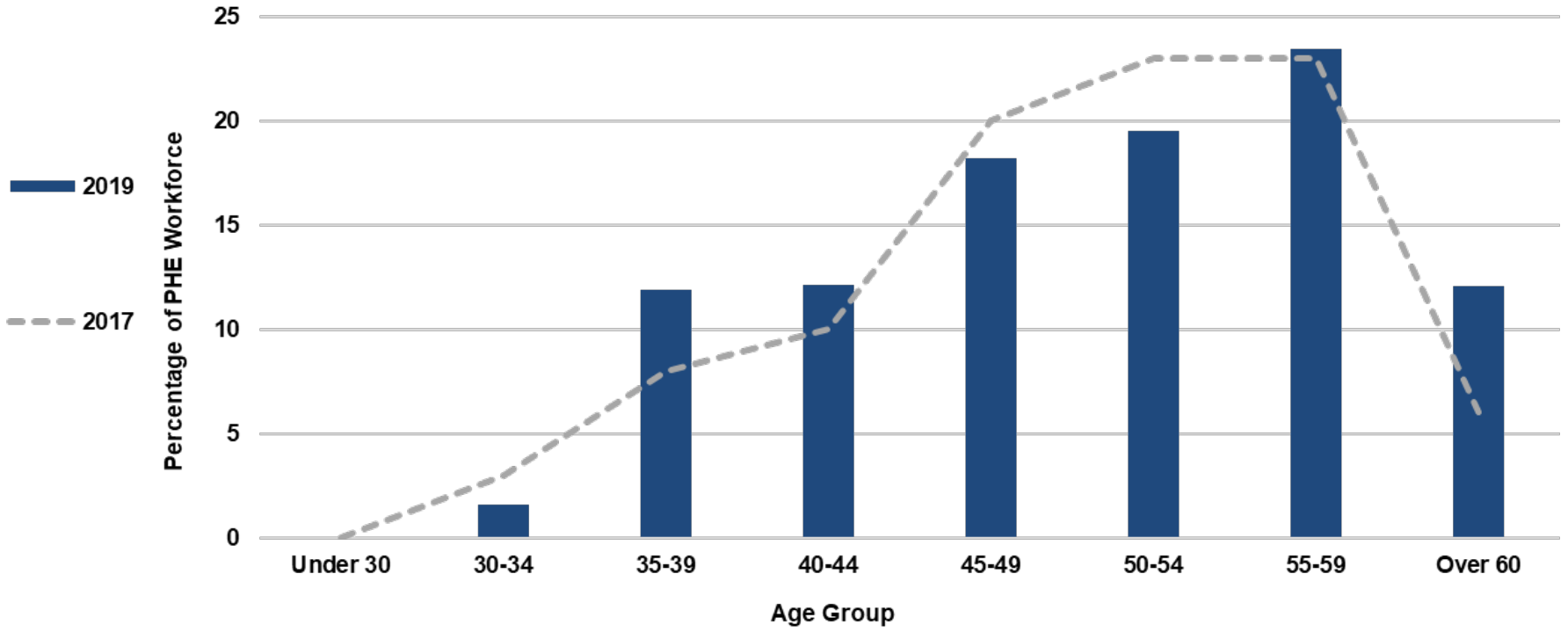


- In 2019, the gender balance of the PHE workforce remains similar to that observed in 2017 *(Females: ~60%; Males: ~ 40%),* with some regional variation.

- In 2019, the gender balance of the NHS workforce has changed substantially since 2017, from approximately 55% female in 2017 to approximately 80% female in 2019. Although a large change, the 2019 NHS gender profile is not vastly different from that in the Local Authority Workforce.

Health Education England

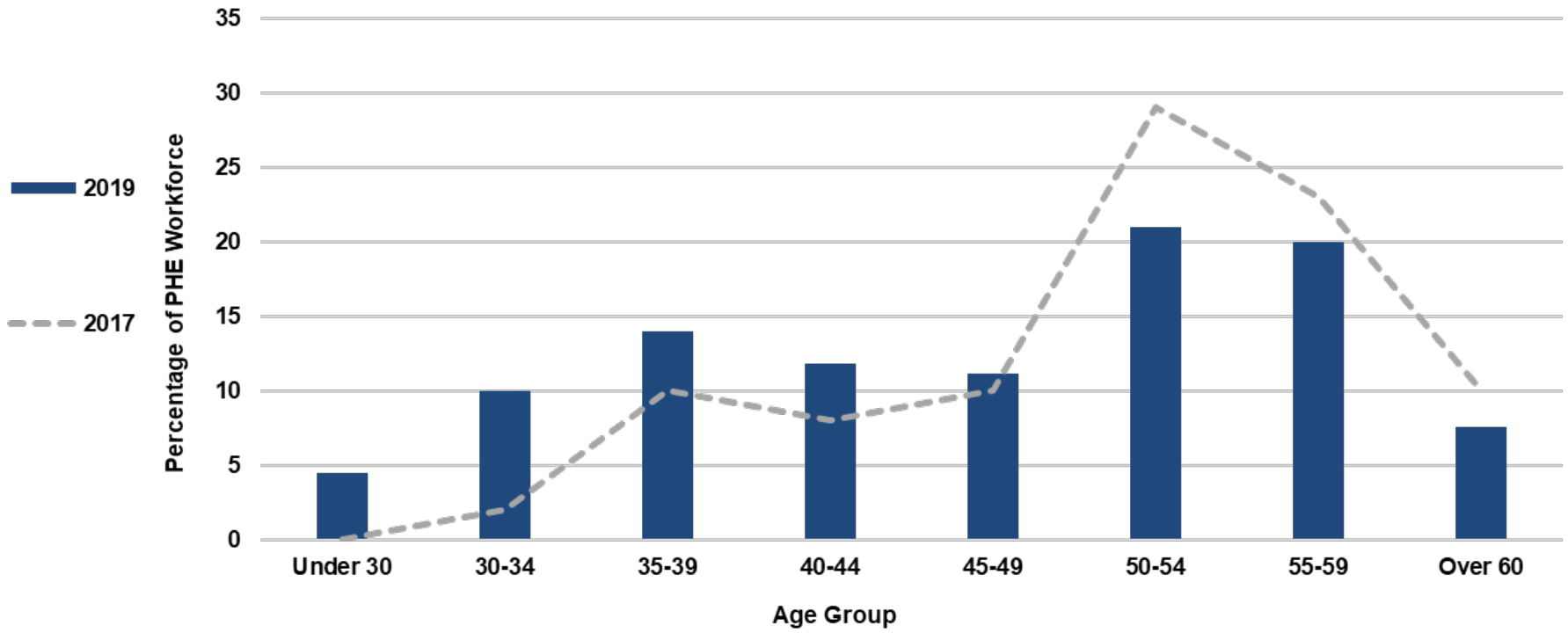
Workforce Age Profile – Public Health England



- Between March 2017 and September 2019, the PHE Workforce age profile has "flattened", with greater standard deviation from the median point. In terms of workforce planning the most pressing observation may the growth of the proportion of the workforce "Over 60" *(2017: 6%; 2019: 12%).*

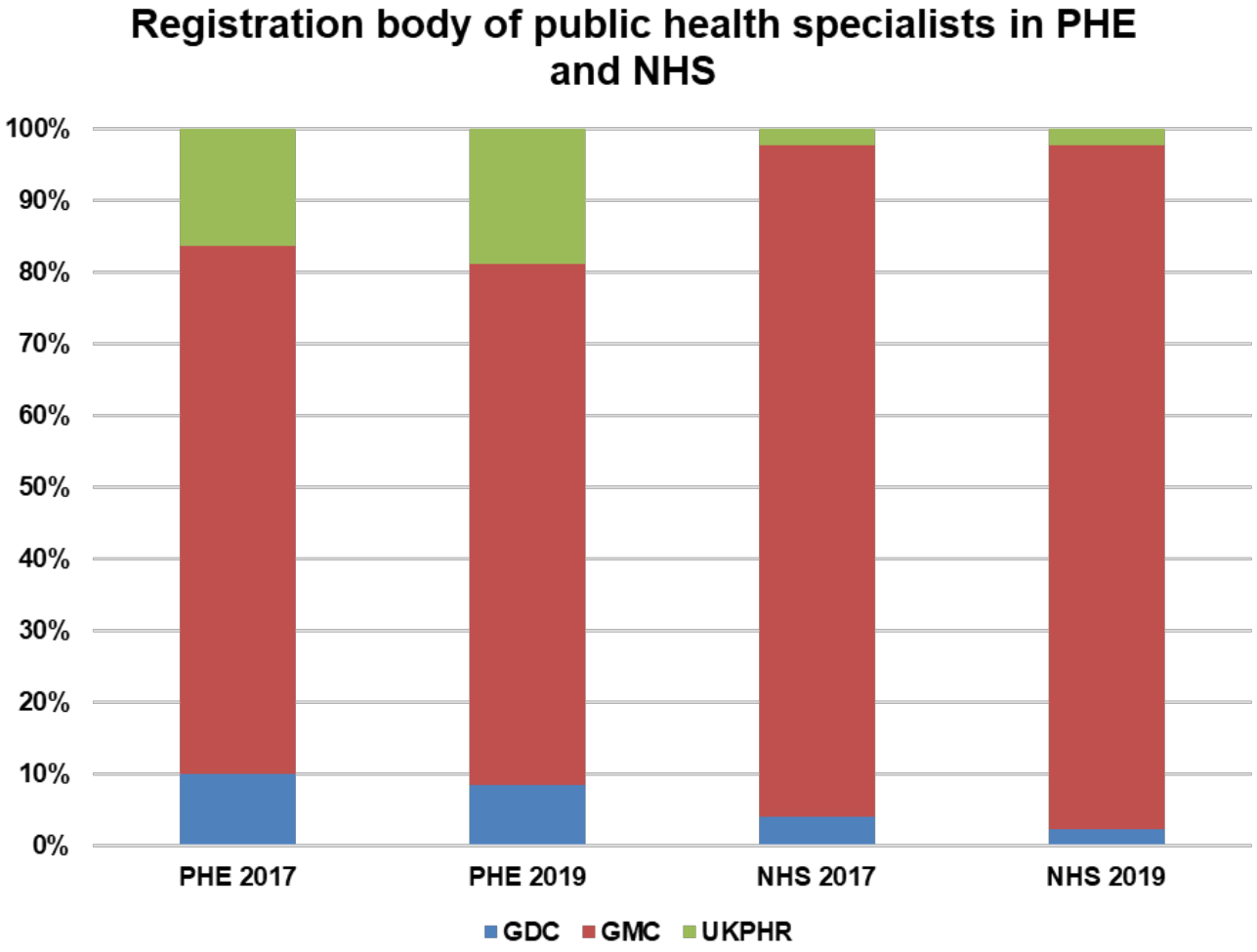
Health Education England

Workforce Age Profile – NHS



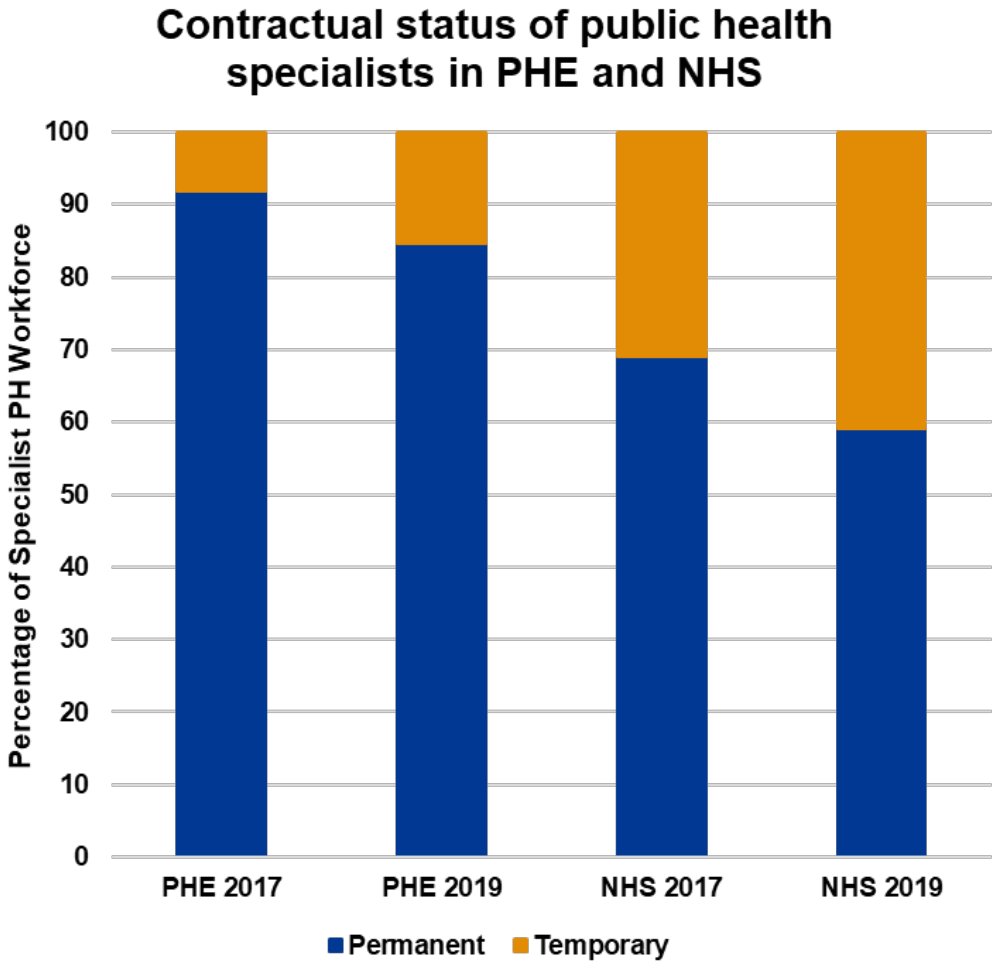
- Between March 2017 and September 2019, the NHS Workforce Age Profile has shown similar movement to the PHE profile however starting form a different baseline. In comparison with the LA and PHE workforces the NHS has the smallest proportion of its workforce over 55 *(NHS: 28%; PHE: 35%; LAs: 35%).*

Registration Body



- There has been little change in the pattern of registration between 2017 and 2019.
- However the public health workforce in LAs, PHE and the NHS have a very different patterns of registration.

Contractual Status

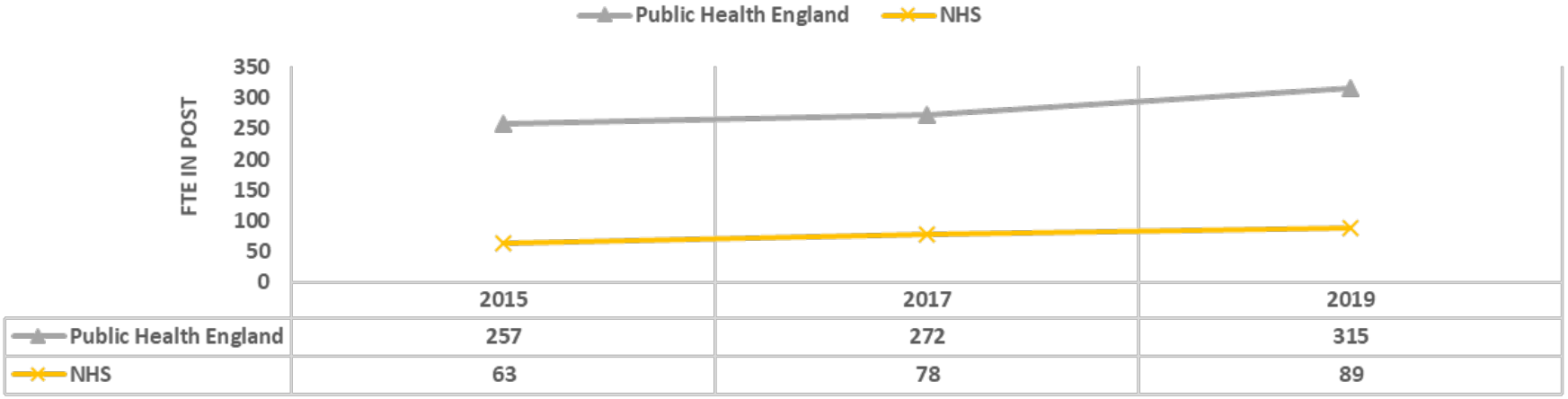


- The percentage of the workforce with temporary contractual arrangements has increased between 2017 and 2019 *(PHE: 7.2% increase; NHS: 10% increase).*
- This could represent several different phenomena:
  - Alignment of contractual arrangements with yearly funding cycles.
  - An increase in project or programme based working.
  - An increase in organisational collaboration requiring cross employment

Health Education England

Public Health Workforce Capacity in PHE and NHS – Summary

- Public Health England (PHE) and the NHS have clear distinction in many of the examined characteristics *(Registration body, age profile, gender profile, working patterns).* This may be related to the posts in different organisations attracting people at different stages of their careers. Whatever the reasons it will need to be considered for the purpose of workforce planning.



	2015	2017	2019
Public Health England	257	272	315
NHS	63	78	89

- Both workforces show an increase in the use of temporary contractual relationships. Prevalence has risen to around 15% within PHE, however this is broadly comparable to both the PH Workforce in Local Authorities and the total NHS workforce. Of contractual arrangements within the NHS PH workforce, currently 40% are temporary. Although this is far beyond any comparable workforce it could be a symptom of a number of phenomena previously outlined.

Health Education England

Public Health Workforce Capacity in Higher Education Institutions

Methodology

- **The data presented in this section is taken from the *Medical Schools Council Clinical Academic Survey* and *Dental Schools Council Clinical Academic Staff Survey.* This data is effective March 2018.**

- **These numbers have been triangulated with the information from the Higher Education Statistics Agency (HESA). Most recent information from this source is 1st December 2017.**

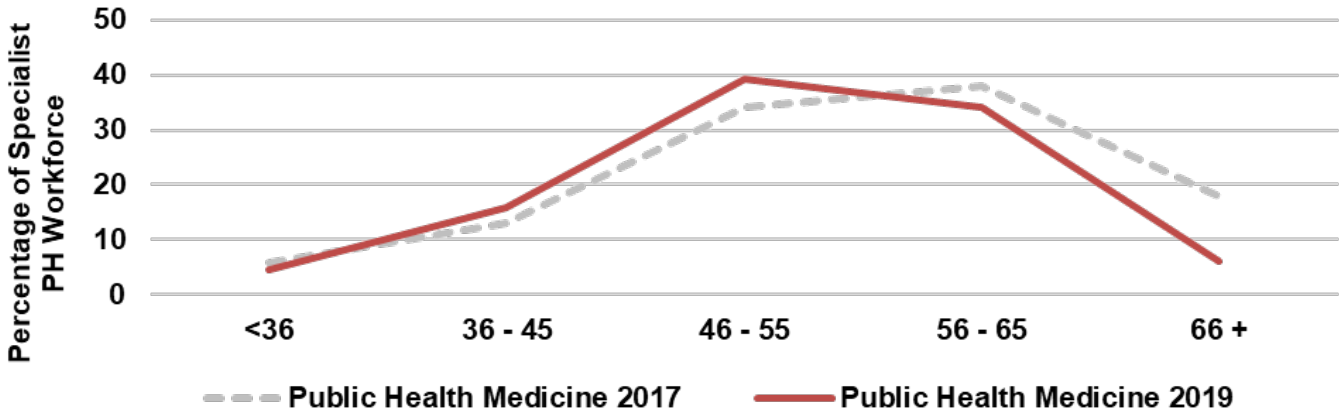
- **PH Specialist Workforce is considered to be those working as Professor, Senior Lecturer, Reader or Lecturer.**

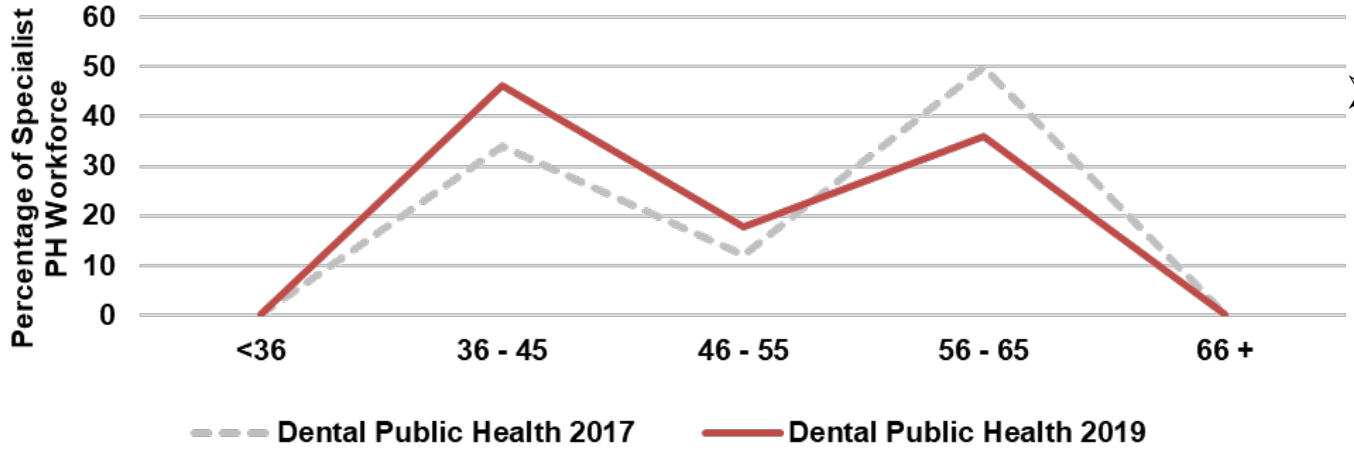
Higher Education Public Health Workforce

- The medical schools council report **129.3 FTE** working in the area of Public Health.
- The dental schools council report **20.9 FTE** working in the area of Dental Public Health.
- This suggests that the public health workforce within Higher Education Institutes is circa **150.2 FTE.**
- This shows a decrease of **12 FTE** (-7.5%) between 2017 and 2019.

Health Education England

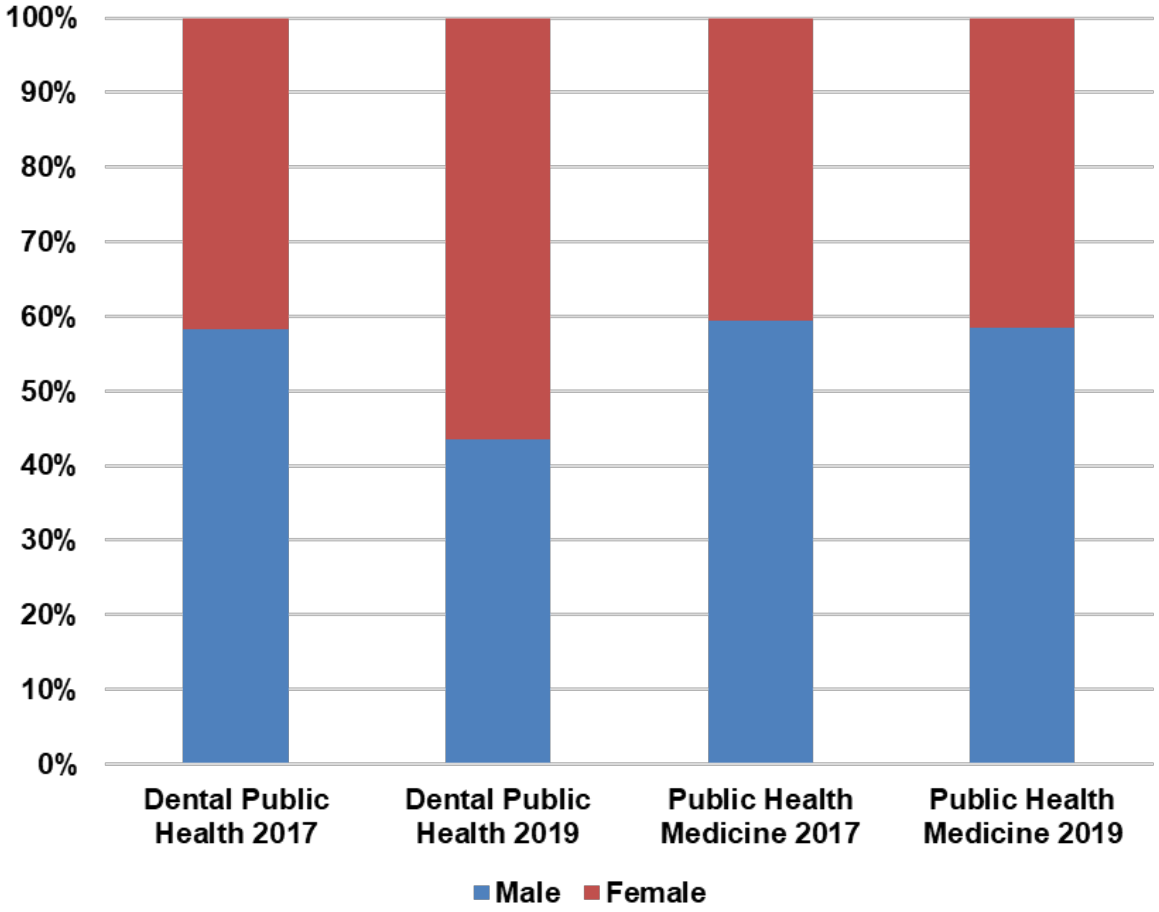
Age Profile of Public Health Workforce in HEI





- Although not directly comparable with the previous age profiles presented, the same pattern in the increases of younger staff is visible within Public Health Medicine.
- With only 20 FTE represented in the analysis of Dental Public Health within HEIs, large percentage changes are not unexpected or necessarily more meaningful.

Workforce Gender Profile in Higher Education Institutes



- The gender balance within those working in Public Health Medicine is relatively unchanged since 2017.
- The gender balance of those working within Dental Public Health has shown an increase in female representation *(2017: 42%; 2019: 56%).* This large change percentage change must be considered within the context of a very low headcount workforce.

Contact Details

Rupert Milsom (HEE) - Rupert.Milsom@hee.nhs.uk

Don Liu (HEE) - Don.Liu@hee.nhs.uk

David Chappel (PHE) - David.Chappel@phe.gov.uk

Anna Sasiak (PHE) - Anna.Sasiak@phe.gov.uk