

Respiratory Disease: understanding the future service and workforce needs

Executive Summary

Background and Purpose:

Respiratory disease affects one in five people in England and is the third biggest cause of death 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 respiratory disease. The aims are to understand current priorities for the respiratory 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. Identifying what the collective short-medium and long-term actions need to be at all levels in addressing workforce challenges for respiratory disease aligned with emerging service priority and needs, including education and training.

Summary of Discussion and Actions:

Workforce Data and Supply

There are perceived workforce gaps across all levels, therefore opportunities to align workforce priorities through the NHSE People Directorate/ Plan and for example emerging workstreams on education reform, redistribution and expansion. Also, standardisation of both the demand and supply data for the whole respiratory 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 respiratory 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 'Respiratory 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 respiratory specialist workforce supply data for other professional groups within the respiratory pathway.
- Deliver a national respiratory workforce dashboard that will help align service and workforce priorities.

Workforce Upskilling and Training

There is a need to scope and improve the standards of education and curriculum, particularly at both undergraduate and post-graduate levels, as there are clear gaps in formalised training and upskilling offers for the respiratory workforce. This will allow a better understanding of how the capabilities and skill sets of the wider healthcare workforce who support respiratory services can be improved.

Recommendation: Creation of a core 'Multi-professional Capability Framework Group' that will help explore and develop a core set of capabilities for the respiratory workforce. This will consider opportunities around improving standards of education and curriculum at all levels of training.

Actions:

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

Recommendation: Once formed, the above group should consider how effective career pathways can be developed underpinned by a generic-specialty-based capability driven framework.

Actions:

- Undertake an analysis of available respiratory career frameworks and how these align with current service needs and emerging models of care.

- Account for respiratory 'specialist skills' within generic [associate](#), [generalist](#) and [advanced](#) career pathways.
- Develop a definitive career and development pathway for those aspiring to work in respiratory (using learning from work underway in [cancer](#)).
- Promote future careers along the entire respiratory pathway building future workforce capacity and capability at all levels.

Recommendation: The NHSE and HEE respiratory teams working with national partners to further explore training and development opportunities for the workforce. This aligned to 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 respiratory training and development needs are.
- Undertake workforce training needs analysis through the respiratory 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

There needs to be a shift in thinking with a focus on more medical primary care consultations and nursing roles in primary care. In addition to this, the provision of diagnostics in the community will be key. Redesign of services focussing on the non-medical workforce, with support networks enabling members of the multidisciplinary team to work on top of their license.

Recommendation: Ongoing work on [pulmonary rehabilitation](#) transformation, [spirometry](#) commissioning, [CAP](#) should be used to understand how workforce opportunities in 'out of hospital' care can be utilised to understand multi-professional capabilities to deliver service change.

Actions:

- Ensure workforce is a core-part of national planning activities for respiratory disease commissioning understanding how this aligns with current service priorities.
- Scope and understand the multi-professional workforce required to deliver effective respiratory services at all levels.
- Identify the core multi-professional capabilities that are required to drive respiratory disease transformation.
- Embed core multi-professional respiratory disease transformation capabilities ensuring the workforce is effectively equipped to deliver service change and address user needs.

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

Actions:

- Include workforce as a core priority area for respiratory delivery 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 respiratory pathway.
- Running a series of dedicated respiratory-RDN workforce workshops and engagement events enabling sharing best practices and opportunities for collaboration.
- Implementation of 'HEE Star' workshops through RDNs to support local workforce transformation to drive implementation of careers at local level.

Recommendation: ICBs and RDNs should focus workforce capability and capacity in primary care with a view to addressing local priorities and delivering care outside the acute and tertiary setting.

Actions:

- Understanding local workforce respiratory roles and careers and how these are embedded across local pathways and aligned to service priorities.
- Creation of 'sector fluid' roles that account for required generalist and specialist skills based on local respiratory service priorities and user needs. This should be

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

- Maximising emerging [transformation](#) opportunities for [respiratory](#) 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:

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

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

Actions:

- Ensure funding prioritisation and support for the respiratory workforce through annual budgetary planning cycles at ICS and national level.
- Aligning respiratory 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 respiratory diseases, that continues to be a significant cause of death in England.