

Doctors' and Dentists' Review Body

**Health Education England's written
evidence for 2018/19**

1 Introduction

- 1.1 Health Education England (HEE) welcomes the opportunity to once again submit evidence to the Doctors and Dentists' Review Body (DDRB) as part of its national process of gathering evidence from interested parties to inform the recommendations for 2018/19.
- 1.2 HEE exists for one reason only: to help improve the quality of care by ensuring our workforce has the right numbers, skills, values and behaviours to meet the needs of patients. When we were established in 2013, we took over the functions of the former strategic health authorities (SHAs) and their Deaneries for workforce planning, education commissioning and education provision. It was the first time that responsibility for all of these functions were within the same body, and by doing so, our aim was to improve both national consistency and standards and local leadership and decisions.
- 1.3 We recruit doctors and dentists into training and we support the training of a range of multi-professional staff and apprentices. We are also responsible for supporting the NHS Constitution and helping to embed the NHS Values into everyday activity in the NHS.
- 1.4 We are now in our fifth year as HEE, providing the NHS with a single national body with a ring-fenced budget for commissioning education and training places to secure the future workforce. Our four local education and training boards (LETBs), regionally based and employer-led, provide a single strategic forum for their region in which health care economies can come together to discuss and agree plans and actions on the local workforce.
- 1.5 We operate a single system of dispersed leadership, working together to deliver both local and nationwide success. To achieve this we are proud to also work with:
 - The providers of NHS services who are ultimately responsible for employing, maintaining and developing their staff and the quality of care they provide; and
 - Sustainable Transformation partnerships (STPs) and Local workforce Advisory Boards (LWABs); and
 - Other organisations such as commissioners, local authorities and higher education providers.
- 1.6 We also have a wider role working nationally with the Department of Health (DH) and other health Arms' Length Bodies (ALBs) and Non-Departmental Public Bodies, including NHS England, NHS Improvement, the Care Quality Commission and Public Health England. Together, HEE and these organisations developed the [NHS Five Year Forward View](#) which was published in October 2014. The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. The Five Year Forward View was refreshed in March 2017 with the publication of the [Next Steps On The Five Year Forward View](#) which

acknowledged the progress that had been made but highlighted the emerging pressures within the service and refocused the Five Year Forward View priorities in the light of this.

- 1.7 In October 2017, HEE was asked to lead the development of the first NHS Workforce Strategy for over 25 years, in recognition of the need for further co-ordination at national level to ensure that the issues facing the NHS with regard to the supply and development of staff were discussed, and actions agreed, with a broad range of national, regional and local stakeholders. (See section 3).
- 1.8 The development of the draft strategy has been a priority for HEE, and much of the evidence and commentary that would routinely be supplied to the pay review bodies is contained within the draft document. As a result, our formal evidence for 2017/18 is of a different nature and we welcome the opportunity to discuss the draft with Review Body members, and to use that discussion as part of our formal consultation on the Strategy itself.

2 Background

- 2.1 During 2017, HEE undertook a significant reorganisation as a result of the funding changes announced by the Government in the Comprehensive Spending Review in November 2015. Within these changes, it is important to re-emphasise that significant areas of our responsibilities remain the same. We have retained our statutory responsibility for continuing to improve the quality of education and training of health care staff, and to ensure the sufficient supply of the future workforce.
- 2.2 In tandem with this, our focus on the future, alongside our need to ensure that excellent education and training is being delivered today, remains as important as ever. However, our operating model was revised as a result of this, with more focus on the NHS workforce of today, with our regional and national teams taking forward aspects of our core portfolio.
- 2.3 In 2016, we reduced the number of our local education and training boards (LETBs) from 13 to 4, and at the same time we renewed our focus on the 4 regions as a result of this. We have also supported the introduction of Sustainability and Transformation Plan areas (STPs), bringing health and care providers (and appropriate ALB leads) closer together at local level.
- 2.4 We have seen a consequent change in role for HEE's 13 local offices and the staff that lead local services. There is now a new focus on HEE as the centre of expertise on workforce intelligence and data and the potential to act as a catalyst for, and a co-ordinator of, the cross-system changes required insofar as they relate to the NHS workforce.
- 2.5 In the light of changes to our commissioning role, the reductions in our running cost budgets and the place-based planning emerging from the NHS

Five Year Forward View, we have worked with staff and stakeholders to develop five revised over-arching corporate objectives for HEE:

- **Thinking and leading** - we will lead thinking on new workforce policy solutions in partnership with the Department of Health and others as appropriate to support high quality and sustainable services;
- **Analysing and influencing** - we will use high quality data, evidence, advice and workforce expertise to influence the delivery of NHS priorities;
- **Changing and improving** - we will design and respond positively to innovative recruitment, retention, development and transformation initiatives locally, regionally and nationally which change and improve NHS services and quality of care;
- **Delivering and implementing** - we will deliver high quality education and training, implement our Mandate and support partner-led programmes to improve the quality of care and services;
- **Focusing on tomorrow** - we will strategically focus on the future including new roles and pathways to the professions and helping the NHS workforce embrace new technology.

2.6 The structures and operating models that we have now implemented are all predicated on the following;

- That we have taken a fresh look at how our functions and services might be delivered, and how they can be improved as part of this process.
- That we are responding to system changes, such as the requirement to better support STPs and the impact of HEE's reduced role in non-medical education commissioning.
- That we will continue to work on the basis of doing what can best be done once (nationwide) or four times (regionally) or more (at local or STP level).
- That we continue to learn from changes elsewhere within HEE or the wider NHS, or beyond.
- That we continue to maintain quality while we look to develop capacity and capability, albeit in a different way.
- That we must deliver our Mandate.
- That we ensure that the changes we make are safe for our staff, for our trainees and learners, and for patients of the NHS.

2.7 HEE's key areas of responsibility have changed as a result of the Comprehensive Spending Review and government policy around education, but we have retained our core business around the delivery of postgraduate medical and dental education, from recruitment, education provision and assessment including the Annual Review of Competence Progression (ARCP) process through to learner support, including focused performance support and faculty support and development.

2.8 We have taken the opportunity to highlight that our transformation offer in STPs, through the Local Workforce Action Boards (LWABs) must be a priority.

We have developed LWABs to support local communities (through their STPs) to help to bridge the quality, finance and safety gap across the NHS. The LWABs are chaired by senior executives on behalf of the STP and co-chaired with members of HEE's Senior Management Team.

2.9 Our role in supporting workforce transformation is key to ensuring that local action is being taken to ensure:

- ✓ The availability of workforce intelligence
- ✓ A supply pipeline for the identified future workforce
- ✓ That workforce development and transformation enablers are in place
- ✓ That quality is built into every aspect of education and training
- ✓ That a focus on leadership and organisational development is embedded across the STP.

2.10 The transformational role that we are leading on through the LWABs is critical to both the success of HEE and the Five Year Forward View. The principles for our redesign were:

- The creation of regional services providing dedicated knowledge and skills hubs
- Consistent quality in the provision of services to trainees, NHS providers and other key stakeholders
- Alignment of resources and expertise to support STPs
- Future proofing of services following the Comprehensive Spending Review
- Commonality and consistency in approach to ways of working
- Driving efficiency through doing things once nationally, once regionally or locally where service delivery requires.

2.11 These are all needed in order to ensure:

- ✓ A greater connection between national policy and regional delivery
- ✓ Strengthening Mandate delivery through national and regional transparency
- ✓ Maintaining and developing local responsiveness
- ✓ Supporting the delivery of 5YFV and thematic sub groups
- ✓ Supporting the STPs through the LWAB infrastructure
- ✓ Better affordability and reduced duplication across the regions
- ✓ Improved collaboration with NHS England (NHSE) and NHS Improvement (NHSI).

2.7 In order to achieve better alignment with our key partners in NHSE and NHSI, our model for this part of the business needed to operate on the same footprint as the other ALBs, as far as is practicable. HEE's Local Directors are the key account managers for the STP footprint and the consequent transformation agenda and will support the delivery of Workforce Transformation through the LWABs. In order to this, going forward we will;

- Focus and shape the resource requirements for Workforce Transformation through an internal consultancy approach

- Set out the regional delivery of workforce planning
- Set out the regional delivery of non-medical commissioning and arrangements for medical commissioning
- Set out the relationships and communications with other customer facing regional services
- Agree the service and account management arrangements to support this.

3 Facing the Facts, Shaping the Future

- 3.1 The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff. [Facing the Facts, Shaping the Future, A health and care workforce strategy for England to 2027](#) is a whole national system consultation document, produced by HEE with content from NHS England, NHS Improvement, Public Health England, the Care Quality Commission, National Institute for Clinical Excellence and the Department of Health.
- 3.2 The draft strategy looks at the challenges faced by the health and care system, charting the growth in the NHS workforce over the last five years while also setting out the critical workforce challenges that will be faced over the next decade. The strategy is a draft document with a number of areas that are now being consulted upon widely, up until the end of March 2018. A final report will then be produced for July 2018 to coincide with the NHS 70th anniversary, as the first comprehensive health and care workforce strategy in over 25 years.
- 3.3 While the NHS is employing more staff now than at any time in its history, with significant growth in newly-qualified staff from 2012 across the majority of professional groups, the report concludes that more must be done to keep up with increased demand as the population expands and grows older. It responds by setting out a range of measures to improve productivity, boost training and retention, open up new routes into nursing and prepare the future workforce for technological advances such as genomics, artificial intelligence and digital robotics, which are poised to transform modern medicine.
- 3.4 Among the specific measures are:
- targeted retention schemes to encourage staff to continue working in healthcare, including support for local NHS organisations on how to improve retention rates, an expansion of the nursing Return to Practice scheme and efforts to encourage European nationals to stay by ensuring a streamlined, user-friendly service for obtaining settled status
 - improvements to medical training and how junior doctors are supported in their careers, with a greater emphasis on producing more doctors in areas where there are the biggest shortfalls, including general practice and psychiatry, and on-going efforts to improve the working practices of doctors in training, such as improving access to training opportunities and better communication around rotations and shift patterns

- a far-reaching technology review across England, led by Professor Eric Topol looking at how advances in genomics, pharmaceuticals, artificial intelligence and robotics will change the roles and functions of clinical staff over the next two decades and what this will mean for future skills and training needs – this will build on existing schemes to improve the digital skills of the healthcare workforce, including the launch of the Digital Academy in January 2018
- making the NHS a more inclusive, ‘family-friendly’ employer – the strategy also acknowledges the changing shape and expectations of the NHS workforce, with more people wanting flexible working practices to enable them to balance work and family life. It concludes that NHS organisations will need to develop an employment offer that remains attractive for all staff.
- the draft strategy looks at the major workforce plans for the Five Year Forward View priorities: cancer; mental health; maternity; primary and community care; and urgent and emergency care.

3.5 While acknowledging the increasing demand from patients and increasing pressure on NHS staff, and the fact that up to 42,000 posts in nursing, midwifery and the allied health professions are not currently filled by substantively employed staff, it also reveals that:

- the number of clinicians substantively employed since 2012 has risen by 40,000, a rise of over 7 per cent;
- there has been an unprecedented programme of expansion in training over the past three years;
- medical and nursing undergraduate places will both rise by 25 per cent;
- we are now seeing the highest-ever number of people entering GP training in the history of the NHS;
- NHS workforce vacancies reduced by up to 9.8 per cent during 2016/17; and
- this reduction, combined with successful measures to control agency spending, has released £700 million in savings for the service.

4 Key issues for the DDRB

4.1 Our intention in the submission of this year’s evidence is to point the review body towards the content of the draft Workforce Strategy. Whilst the whole document will be of interest to review body members, and to the staff supporting the review bodies, Chapter 8 (‘Developing the NHS workforce’) looks at each of the core professional groups, with pages 99 to 104 and pages 115 to 119 focusing in particular on medical and dental staff respectively.

4.2 The sections in the Workforce Strategy referred to in 4.1 above address each of the following areas in turn:

- The long-term supply of staff, and the growth of the consultant workforce
- Reforming post graduate training

- Improving the experience of work for post graduate.
- The need for an agile approach to deal with the future demands for dental care and to support the shift in focus to prevention and public health.
- Skill-mix changes in the dental workforce and the provision of community dental services.

4.3 **Specialty recruitment**

- 4.4 HEE now has a key role to play in making recommendations on the targeting of flexible pay premia for hard to recruit specialties. Data relating to speciality recruitment will be available in March 2018. On the basis of the current available information, our recommendations are as follows.
- 4.5 GP: we have agreed that, with NHSE funding, we will expand to 200 Targeted Enhanced Recruitment Scheme (TERs) places this year. This salary supplement (of £20,000) has proved to be successful in all but two areas, and has allowed programmes to be filled where previously we have not had a trainee for at least 3 years. Our view is that this level remains sufficient at this stage. There is further local work going on in the two areas referred to (Cumbria and East Midlands) to better understand why TERs did not help.
- 4.6 Psychiatry: at both core and higher level, the premium is vital but we are also exploring a TERs type offer for some areas. This is still at an early stage and requires further discussion with NHSE and the Royal College of Psychiatrists over the funding position and the possible distribution, respectively, before any further action is taken.
- 4.7 Emergency Medicine: although we currently fill 100% of available places, we are continuing the expansion (75) for a further 4-year period.
- 4.8 Histopathology: our recent work on the [Cancer Workforce plan](#) shows a risk of under-filling of Histopathology training programmes. On this basis, we would now recommend the application of a premium for this specialty across the country.