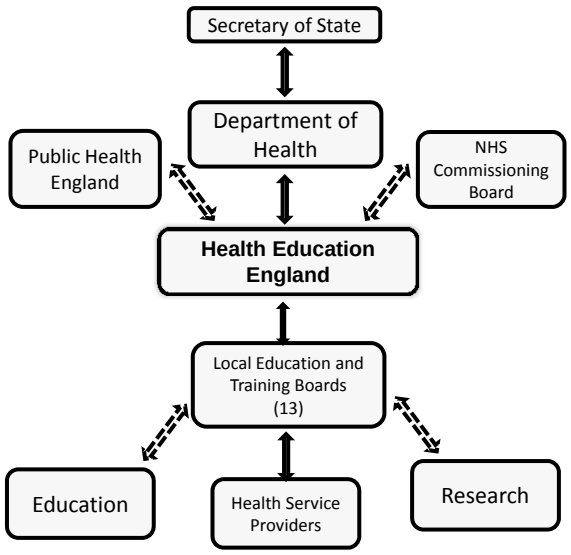
‘Liberating the NHS: Developing the Healthcare Workforce’

- The workforce, education and training framework in the remodelled NHS system in England from 2013.
- **Five objectives that the new framework needs to deliver**:
  - Security of supply – ensuring sufficient numbers of skilled staff ‘in the right place at the right time’ (new trainees and up-skilling existing workforce)
  - Responsiveness to patient needs and changing service models
  - High quality education and training that supports safe, high quality care and greater flexibility
  - Value for money – in terms of use of MPET
  - Widening participation – increasing access for new and existing staff

National Structures



Sector-wide oversight & support

Establishment of **Health Education England (HEE)**

- overarching multi-professional body - established in shadow form 2012
- 'national oversight of education and training, whilst leaving healthcare providers with a high level of autonomy'.
  - *recognition that some issues, such as commissioning education for smaller professional groups, would need to be taken forward nationally.*
- will take on the existing advisory role of Medical Education England (MEE) and Professional Advisory Boards for E&T.
- Accountable for mid to long term system viability and ensuring sufficient future healthcare professionals at a national level
- Responsible for:
  - providing national sector wide leadership on planning and developing the healthcare workforce;
  - promoting high quality education – including 'value for money';
  - ensuring the development of LETBs
  - allocating NHS E&T resources (MPET budget) to LETBs – negotiating BMPs

Workforce planning and E&T commissioning & Funding

Local Education & Training Boards (LETBs)

(the 'engine' of the system)

- increased autonomy and accountability for planning and development of workforce
- made up of and driven by local HC providers (incl' duty on independent/voluntary sectors receiving NHS funding)
- identify local workforce needs and respond to the strategic commissioning intentions of the NHS Commissioning Board and Clinical Commissioning Boards/GP consortia.
- accountable for contracting the provision of education and training, and use of funding from the national E&T levy (MPET).
- incorporate current Medical Deanery functions but expected to adopt a stronger multi-professional approach to postgraduate education and training.
- Utilise existing partnerships – AHSCs; HEIs; AHSNs etc

Finances and incentives
(MPET)

- MPET (in original paper) to only fund pre-registration but now (post listening exercises) to include some allocation for CPD for existing workforce.
- Possible longer term intention to move to a levy on healthcare providers to - *ensure that everyone invests in the totality of education and training required to train future healthcare professionals*.
- principle of tariffs for E&T as the foundation to a transparent funding regime to provide genuine incentives within the health sector and minimise transaction costs (BMPs and placement funding SIFT/DSIFT).
- a national approach to funding all undergraduate clinical placements (both medical and non-medical)– with money following students

Transitional arrangements

- SHAs to hold and allocate the MPET budget for 2012/13 and to help to support development of the new system.
- LETBs encouraged to take on SHA staff with appropriate knowledge and expertise.
- **June 2012:** HEE established as a Special Health Authority
- **April – September 2012:** HEE Board recruitment
- **October – December 2012:** LETB authorisation by DH
- **April 2013:** HEE and LETBs operational and SHAs abolished

NB: whilst LETBs negotiate contracts and commissions 'contracts will be between HEIs and HEE (as the legal contracting entity)

Key opportunities

- Greater direct provider involvement and ownership of Education and Training
- A better partnership approach to commissioning and contracting – involving wider stakeholder groups (incl' HEIs representation on LETBs)
- Potential for longer term approach – avoid 'boom bust' cycle
- MPET Placement funding to be directly allocated to providers based on student activity – more transparent monitoring of use of funding to support clinical education

Key Risks

- Lack of true partnership – more 'combative' approach between LETBs and HEIs to commissioning and quality and contracts
- Potential rationalisation of providers within regions and ? even nationally
- Focus on short term, localised needs rather than longer term and national – driven by financial service pressures
- Downward pressure on HEI prices - Review of BMP and Standard National Contract by HEE in 2013
- Re-introduction of 'Quality premium payments' – holdback from core price rather than 'additional'
- Risk to CPD allocations – reduction of contracts with HEIs or possibly redistribute directly to Trusts – 'anti-academia' and used for 'training' rather than education
- Evidence to date indicates domination by medics, large Teaching Hospitals, secondary care

MHNs

(CfWI Sept 2012)

- MHN NHS workforce has remained about the same since 2006.
- Number of registered MHNs has increased by 20 per cent over same period, indicating a move into independent and third sectors (35% work outside NHS)
- Levels of commissions by SHAs have remained stable or have decreased.
- MHN workforce has the highest vacancy rates of all the nursing professions.
- According to CfWI forecasts, MHN workforce is broadly in line with demand (FTE) up to 2016, However, there is a risk that demand might outstrip supply
  - Increased demand for MH Services – dementia particularly
  - Increased retirements

MHN Commissions in England

	2008/9	2009/10	2010/11	2011/12	2012/13	**Total**
	2769	2845	2778	2531	2247	**13170**
N change on prior year		76	-67	-247	-284	**-522**
% change on prior year		+3%	-2%	-9%	-11%	**-19%**