

## **Supporting input to HEE NHS workforce strategy consultation**

Health Education England are running an online workshop to inform a health and care workforce strategy up to 2027.

The Council for AHP Research (CAHPR) encourages all allied health professions to get involved in this consultation by posting views online.

Key messages are provided below. Points 8 to 11 are particularly relevant to AHP research.

The consultation is available [here](#) and closes on 23 March.

### **Key Council for AHP Research messages**

1. Ensuring responsiveness to changing population, patient, system and service needs should be the key principle underpinning a strategic approach to workforce planning, development and investment. While the increasingly diverse ways in which the future workforce is produced makes this more complicated than ever, it is all the more important that a strategic approach is taken. Otherwise, there is an increasing risk that workforce supply will become increasingly misaligned with workforce demand.
2. A strategic approach to workforce planning, development and investment must be informed by projections of population and patient need and changing models of care and service delivery. It needs overtly to grapple with the challenges of an increasingly mixed economy in terms of workforce supply. This includes commissioned and non-commissioned education routes, capped and uncapped numbers, and established and emergent workforce pipelines.
3. The principle of intertwining service, financial and workforce planning is critical. The workforce strategy should set out how this can be enabled to happen - locally, at STP level, and nationally (recognising the broader context in which a strategy for England sits, in relation to the other UK countries, Europe and internationally).
4. It is not sufficient that
  - There is no strategic approach to workforce planning, development and investment
  - A more strategic approach is only progressed for the parts of the workforce for which education is commissioned
  - There is an over- or misplaced reliance on using levers that can only have a limited impact (e.g. the practice education tariff for healthcare education does not determine or control healthcare student numbers, as has been implied).

5. Available modelling of the whole health and care workforce shows that the parts of the paid workforce that need to expand the most are registered healthcare professionals other than doctors - including the allied health professions (AHPs) - and the unregistered workforce - including AHP support workers<sup>1</sup> .
6. Workforce planning must address workforce demand across the entire health and care economy. This includes across all health and care services - and all sectors and settings - that contribute to meeting population and patient group needs. Otherwise, appraisals of the required workforce supply will continue to be flawed. This will exacerbate existing problems with under-supply and perpetuate a reliance on short-term arrangements (e.g. the use of temporary and agency staff) for meeting workforce needs.
7. As part of this, it is essential that misplaced assumptions that all AHPs are available to work in the NHS are replaced with a full understanding of how AHPs meet population and patient needs across all parts of the health and care system and in all sectors and settings. AHP workforce demand therefore arises from
  - NHS-funded services that are delivered outside the NHS
  - All parts of the public sector (including social care, schools and the justice system)
  - The independent, private and charitable sectors.
8. Workforce capacity also needs to be generated and sustained to lead and manage services, to educate future members of the professions, and to develop the evidence base. An overt recognition that this workforce capacity needs to be developed within all the health and care professions (and not just some) must be addressed as a priority.
9. More opportunities for more healthcare professionals to engage in research activity as an integral part of their job roles and career development must be progressed. Inequities in opportunities across the professions need to be addressed, recognising the value of engagement in research for enhancing patient care, service improvement and workforce development.

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<sup>1</sup> Centre for Workforce Intelligence (2015) Horizon 2035. Future demand for skills: Initial results.

<https://www.gov.uk/government/publications/horizon-2035-future-demand-for-skills-initial-results>  
[accessed March 2018]

10. More AHPs need to be enabled to engage in the following:

- Research activity while retaining a clinical role, with current challenges to this addressed and best practice built upon, and the benefits of this recognised and realised - for service delivery, staff development, recruitment and retention and the research completed
- Implementation of HEE's new advanced clinical practice framework (including with opportunities to develop and demonstrate their research skills as an integral part of fulfilling the ACP capabilities)
- Engage in clinical academic career opportunities, with current factors that can inhibit this actively addressed (e.g. difficulties in individuals being able to move from one stage of the clinical academic careers programme to another, in the absence of suitable bridging arrangements).

11. Strategic collaboration between the Department of Health & Social Care and the Department for Education is essential, recognising the strong inter-dependencies between each government department's policy decisions and the risks of a lack of policy integration. This is essential for

- Ensuring workforce supply meets demand and that skills development sustains and enhances workforce capacity (e.g. through the use of degree apprenticeships to strengthen health and care research and education capacity within the university sector, including in the context of Brexit and immigration policy)
- Optimising the links between supporting and enabling research and innovation (including through the government's industrial strategy) and ensuring clinically- and cost-effective care
- Valuing skills development in the areas of research activity, evidence implementation, knowledge transfer, implementation science, and data collection, clinical audit and service evaluation
- Safeguarding and optimising research funding and its use, including as an integral way of supporting quality improvement and innovation and optimising emergent technologies for how health and care are delivered and accessed
- Ensuring research capacity across health and care is developed within the university sector, recognising the importance of this for optimising the workforce supply (in terms of quality and capacity) and the evidence base that underpins professional practice and service delivery.

7<sup>th</sup> March 2018