

**Consultation: Facing the Facts, Shaping the Future**  
**A draft health and care workforce strategy for England to 2027**  
**(March 2018)**

*The consultation is open until 5pm, Friday 23 March 2018*

**Academy for Health Care Science (AHCS) Response**

The Academy for Healthcare Science represents the collective “One Voice “of the 52,000 healthcare scientists in 52 professions in UK healthcare via consultation with the professional bodies in those areas of specialty. This response is based on feedback from several but not all professional bodies (see below\*).

**The six system-wide principles**

**Questions**

- *1. Do you support the six principles proposed to support better workforce planning; and in particular aligning financial, policy, best practice and service planning in the future?*

The Academy supports the proposed six principles and is particularly concerned that;

- Securing the supply of staff the health and care system needs to deliver high quality care in the future needs to include senior healthcare science leaders to shape that vision
  - We feel that although the current HCS training pathways provide staff with careers, not just jobs, we are concerned that in the current cost driven healthcare environment, the need for quality HCS training is inadequately appreciated by other health professional groups (e.g. GPs, hospital doctors and nurses).
  - Whilst we appreciate that ensuring that the NHS, and other employers in the system, are model modern employers we would like the onus on funding and provision of healthcare staff training to be shared equitably with the NHS and other employers. Decades of the private sector “poaching” NHS staff without contributing to the training costs has to stop in the future, since this is what demoralises staff and distorts career progression and service development.
  - We are especially keen that by ensuring that in future service, financial and workforce planning are properly joined up, this concept must be primarily linked to the quality of care.
  - Unfortunately there is little mention of any healthcare scientists specifically throughout this document, but the HCS role should feature more significantly in future workforce planning.
- 
- *2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?*

The current HCS training programmes whilst brilliantly designed (Apprenticeships, STP, HSST, etc.) are inappropriately funded across the regions.

There is a need to go back to the idea of local/regional -training -planning at what was “PCT” level which ensured local HCS needs could be met and trained staff developed in the local environment knew their colleagues in nearby hospitals and services.

There needs to be opportunities for healthcare scientists to switch between full clinical roles and research roles at different stages of their careers.

Credentialing and future career progression onto Advanced practice, must be supported financially

The disincentives for securing staff currently include low salaries, poor targeting of apprenticeships and also poor HCS succession planning in several areas (e.g. Audiology, Cardiology, etc.).

- *3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce?*

Healthcare scientist training and workforce numbers must be considered and developed locally together with other disciplines so the multi-disciplinary team seen in the hospital or community is echoed in the training and appointment of doctors, nurses, scientists and AHPs as an integrated service delivery units.

We have to move away from traditional appointing of “new consultant posts”, followed by more new nurse posts and then eventually more scientists and AHPs to reduce the pressures on diagnostics and therapeutics services when the “bottlenecks” form after the new patients are seen in out-patients and admissions suites.

The NHS needs to adopt and benchmark those Trusts where there are accurate and regularly updated electronic staff records (ESR) so that nationally and regionally much more accurate information on workforce intelligence can be maintained and used to closely model the future staffing “pinch-points” before they happen. Clever use of informatics and some “big data” approaches could easily use this information to match local health and social care needs and problems to the staff needed to solve them.

There needs to be more leadership training and the reversal of poor support for CPD which was the initial victim of austerity measures. A poorly maintained workforce becomes s less flexible, makes s more mistakes and loses morale.

- *4. What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice.*

The document recognises that the public's investment in and ownership of the NHS over 70 years, means that the public and not political parties should own the direction and sustainability of the NHS.

Central to the NHS success are the staff, who for over 3 generations have preserved the ethos of "free healthcare at the point of care for all" and have worked way beyond their job descriptions and allocated hours to deliver above and beyond the call of duty.

Given the developments in innovation and technology there should be shorter training courses and more supervised exposure to direct patient care. Implementing better salary structures, together with facilitating partnerships and rotations across system (such as the HCS STP training) are good examples where trained staff can get a "broad exposure" to the wider NHS early in their career. This enables them to have the skills in perspective to be more flexible and work in new ways in the future as services change.

Many have worked and developed careers in the NHS by passing through periods of severe personal austerity, hardship, bad work conditions, intensive training and study and have often rejected being enticed into to industry on the proviso that their pensions would offer some recompense for the challenging carer healthcare provides. Protecting NHS pensions remains a incentive for many NHS staff to put up with the endless challenges of change, innovation, and political interference. It also attracts many into the NHS since together with job security; it is seen as a positive employment culture.

- *5. How can we better ensure the health system meets the needs and aspirations of all communities in England?*

There is a need to develop local multidisciplinary workforce teams rather than just appointing more doctors and nurses and then playing catch up with HCS and AHPs! If we think nationally around MDTs linked to the common chronic diseases and patient pathways, then we can think locally this way too. Training (like the old PCT or Regional Health Board approaches) should be coordinated around all professionals as a package together. New ways of working and new responsibilities for HCS, AHPs and nurses in senior roles as the way forward with more flexibility in careers. Services do not need to be run and lead exclusively by doctors any more.

There needs to be wider advertisement of the roles within the NHS, not just "doctors and nurses" but emphasise the diverse and exciting careers as healthcare scientists for example

- 6. What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

Many clinical staff, including healthcare scientists, whilst excellent operational leaders of clinical services are not attracted to the management roles in Trusts and career trajectories onto the Board. There needs to be new opportunities for secondment/shadowing of management roles (Divisional to Board level) for clinical leaders. Management needs to be more attractive with perhaps portable contracts across Trusts.

- 7. Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

By providing parity across NHS and private sector services on pay and conditions, using virtual technologies and innovation the continuation of delivering excellent care will flourish further. In the last decade, staff morale has been lowered because of the few rewards for staff, the effective erosion of salaries, the constant threat of attack on public sector pensions and the increased demands with reduced resources creating unnecessary challenging conditions. Removing the political posturing around healthcare and accepting a cross party approach to protecting the best health service on the planet is the best way to deliver excellent care for people in England and across the NHS.

- What policy options could most effectively address the current and future challenges for the adult social care workforce?

Bringing the responsibilities for social care providers under the NHS would benefit the system because staff could be employed by Trusts as one system. The artificial health/social care divide creates most of the current problem areas in UK healthcare (“bed-blocking”, “trolley waits”, long length of stay and slow discharges, etc.).

## General comments

1. The document, at over 170 pages, is a poorly prepared “hotch-potch” of workforce issues that doesn’t even cover the wide-ranging scope of different healthcare staff professions who currently work in the NHS in sufficient detail. In particular, we are disappointed that once again a national healthcare consultation largely ignores the roles of the 52 healthcare science professions who contribute immensely to the modern NHS. The document should have covered the major professional areas in more detail (HCS, AHP,

Nurses, etc.). For healthcare science this could have looked at the 4 key areas of (i) Life Sciences, (ii) Medical Physics & Engineering, (iii) Physiological sciences and (iv) Bioinformatics. It lacks clarity of focus and reasoned logic when dealing with the key issues in these specialities. Clearly the document's preparation has been rushed.

2. There was little information and consideration on specific workforce growth, vacancies, requirements of number of staff, leadership, role of research and there didn't seem to be much there on the development of the profession overall.
3. We welcome that there will now be a workforce strategy for the healthcare workforce that will represent all the professions and not just those with the "most clout and loudest voices". Previous approaches have never been successful in the past and won't be in the future.
4. We welcome the concept of the "Workforce Impact Assessment" to enable service redesign recommendations, ensuring that workforce competencies, skills and training as well as numbers are considered early in the planning phase. As scientists we appreciate trying, testing, concluding adopting rather than politically driven desperate directives with any evidence base
5. We would like the consultation to be aware of the major contribution that healthcare scientists together with their use of innovation and research and are central in tackling the FYFV priorities of cancer, mental health, urgent and emergency care, maternity and especially primary care.
6. The healthcare services should utilise the excellent workforce resources that many of the HCS workforce professional bodies have which has been collected over many years and shows an important perspective on all workforce issues.
7. Generally there is a lot of professional body workforce information/intelligence that could be shared with others for the purposes of NHS workforce where other data doesn't exist.
8. There needs to be an increase in the budget available for continuous professional development for all occupational groups, and especially so for those on Agenda for Change bands 1-4.
9. We agree with others that the NHS continues to have an unsatisfactory approach to ensuring safe staffing, post Francis Report. The suspension of work by NICE to set evidence-based rules in 2015 was an error which needs to be reversed, and the workforce strategy does not consider whether ratios should be set to ensure safe staffing.

10. The Academy for Healthcare Science is currently working on its own report of the healthcare science workforce which we plan to publish later this year.

**\*Responding organisations**

Many healthcare science professional bodies and individuals have responded directly to HEE on this consultation and AHCS has collated the views of individual scientists as well as the following professional bodies who kindly shared their views;

Association of Neurophysiological Scientists  
Association for Respiratory Technology & Physiology  
British Academy for Audiology.

The views do not express the position of all 52 healthcare science professions, but the points raised are highly relevant to the scientific workforce.

**Professor Brendan G Cooper**

Hon. President,  
Academy for Healthcare Science

23<sup>rd</sup> March 2018