

Liberating the NHS: Developing the Workforce

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Political change

- Increased focus on the private sector in the delivery of healthcare.
- Changes to the powers of the systems regulators (looking at healthcare providers)
- Publication of Liberating the NHS White Paper and the Health and Social Care bill
- Most of these changes relate to England only.



Liberating the NHS – July 2010

- The Government's White Paper *Equity and Excellence: Liberating the NHS* set out far reaching proposals for the reform of England's health service, under three themes:
 1. putting patients at the heart of the NHS: transforming the relationship between citizen and service through the principle of *no decision about me without me*
 2. focusing on improving outcomes: orientating the NHS towards focusing on what matters most to patients – high quality care, not narrow processes
 3. empowering local organisations and professionals, with a principle of assumed liberty rather than earned autonomy, and making NHS services more directly accountable to patients and communities.
- It sets out revised funding arrangements for commissioning services and education.



Health and Social Care Bill

- The Bill includes provisions to:
 - give groups of GPs responsibility for (local) commissioning through the creation of GP consortia
 - establish a new independent NHS Commissioning Board to oversee (and performance manage) GP commissioning on a national level
 - give councils responsibility to support integration across health and social care
 - strengthen regulation (CQC/Monitor) and accountability to patients and the public (Healthwatch)
 - make minor changes to professional regulation (CHRE).



Developing the Healthcare Workforce – a consultation closing 31 March 2011

- Accompanying consultations to the White Paper include proposals on workforce planning/education and training
- Policy objectives include:
 - responsiveness to patient needs and changing service needs
 - security of supply
 - high quality education and training that supports safe, high quality care and greater flexibility.
 - value for money and widening participation.
- Superficially of little interest to osteopathy.



Design principles

- Underpinning principles include:
 - an integrated and multi-professional approach to workforce planning, education and training
 - ensuring effective professional engagement at local and national levels, with the professions having a leading role on safety and quality issues
 - ensuring strong partnerships with universities and education providers, to make the most effective use of the skills of educators
 - making sure there is sustainable and transparent investment in education, training and development to provide the skills needed so that funding allocated for the purposes of education and training is spent only on those activities
 - reinforcing values and behaviours which recognise the wider benefit to society of developing the health workforce and skills, and the need for cooperation and collaboration in doing so.



Headline proposals

- Removal of training budgets from SHAs.
- Establishment of 'local skills networks' made up of healthcare providers holding and allocating funding for education and training locally.
- A new Health Education England (HEE) Board providing a national lead, covering all professions.
- Greater involvement of professions and their regulators.
- An enhanced Centre for Workforce Intelligence.
- Establishment (over time) of levy arrangements.



Summary

- GP consortia to locally commission services from healthcare providers.
- Healthcare providers to form skills networks (companies) together with GPs and education provider representatives to locally commission education and training.
- There will be national oversight too by the NHS Commissioning Board and Healthcare Education England.
- See diagram on p30 of the Consultation paper.



Key points made in the GOsC response

- Emphasis on the need to quality assure high standards of education at undergraduate and postgraduate level (Q2, Q9, Q18, Q25, Q40)
- Support for a multi-professional approach to education and training. (Q4, Q8, Q28)
- Consideration of the need to define 'healthcare provider' (Q5, Q36)
- Importance of sharing data (Q6, Q17)
- Importance of osteopathic representation at local and national level (Q13, Q16)
- Information about the osteopathic training and practice environment (Q22, Background)

Recommendation

- To agree the GOsC’s consultation response to the DH consultation Liberating the NHS: Developing the Workforce.



The position of osteopathy in the wider regulation context.

- How could / should osteopathy position itself in the wider healthcare context?
- Where do osteopaths, other health care professionals, patients, society see osteopathy in 20 years time?
- What is the vision for osteopathy related to patient needs and expectations, other healthcare professions and the wider healthcare system? How possible is this?
- How should the vision be delivered?
- What are the roles of GOsC, BOA, OEIs, Societies, NCOR, and wider players such as the ‘systems regulators’, the CHRE, the NHS in the four countries etc...?
- How does that inform responses to the proposals in the Developing the Healthcare Workforce consulta



Healthcare Education England

- Providing national leadership on planning and developing the healthcare workforce
 - Ensuring the development of healthcare provider skills networks
 - Promoting high quality education and training that is responsive to the changing needs of patients and local communities (including quality assurance)
 - Allocating and accounting for NHS education and training resources (including Strategic planning with the Higher Education Funding Council for England on joint investment plans and the needs of the healthcare sector)
- *Question 13: Are these the right functions that should be assigned to the Health Education England Board?*



Healthcare Education England

- HEE will be able to reduce the number of funded training placements recommended locally.
- **Question 14: How should the accountability framework between healthcare provider skills networks and HEE be developed?**
- **Question 15: How do we ensure the right checks and balances throughout all levels of the system?**
- **Question 16: How should the governance of HEE be established so that it has the confidence of the public, professions, healthcare providers, commissioners of services and higher education institutions?**



Centre for Workforce Intelligence

- Longer-term workforce planning in health requires a significant level of modelling and analytical capability that can translate local plans for the future shape and scale of the workforce into viable education commissioning plans. This requires an understanding of cross-boundary flows and of national and international labour market dynamics. Some healthcare providers may wish to develop such expertise, others will look for external support for such specialist analytical resource.
- **Question 17: How do we ensure that the Centre for Workforce Intelligence is effective in improving the evidence base for workforce planning and supports both local healthcare providers and HEE?**
- *Is there a role for osteopathy to feed into this?*



NHS Commissioning Board and HEE

- Links between the NHS Commissioning Board (national work force development and performance managing GP consortia commissioning) and HEE? Links between workforce planning and education?
- **Question 18: How should we ensure that sector-wide education and training plans are responsive to the strategic commissioning intentions of the NHS Commissioning Board?**



The role of profession and system regulators

- 'HEE will engage with the professional regulators on developing and aligning professional standards and standards of education and training to meet the changing needs of services, patients and local communities.'



The role of the professions

- This aspect of the paper talks about the role of organisations within the regulatory environment, for example the medical royal colleges or the pharmacy educational institutions. Osteopathic organisations are not mentioned.
- **Question 22: How can the healthcare provider skills networks and HEE best secure clinical leadership locally and nationally?**



The National Leadership Council

- 'The National Leadership Council has led the drive over recent months to partner with professional bodies and higher education to ensure that leadership development in health is incorporated into undergraduate and postgraduate curricula. There has also been investment provided to broaden the experience of a whole new cadre of clinical leaders through the clinical fellowship programme. There is much still left to do, however, and it is proposed that HEE be accountable for the framework of leadership development across **all leaders in healthcare**, including those with clinical training and those without. HEE would thereby contribute to developing leadership capabilities that foster trust across clinicians and managers who have too often been developed within silos.'



The osteopathy context

- Established profession with defined education and training standards.
- Minimal involvement in NHS structures (~ 15%).
- Growing involvement in commissioning, defining care pathways and general healthcare 'debate'.
- Some public funding of OEIs through HEFCE (via validating universities).
- No mechanisms for considering the future size or nature of the profession.
- No clear leadership of the profession in broader education and training issues.



Higher Education Council

- The Browne Report (2010) proposes the creation of HEC to replace the Higher Education Funding Council for England, the Quality Assurance Agency, the Office For Fair Access and the Office of the Independent Adjudicator.
- HEC would be responsible for investing in priority courses; setting and enforcing baseline quality levels; delivering improvements on the access and completion rates of students from disadvantaged backgrounds; ensuring that students get the benefits of more competition in the sector; and resolving disputes between students and institutions.

Healthcare Service Providers

'They are any organisation that provides healthcare services to the public and patients. The majority but not all are funded by the NHS. They include NHS providers, private and voluntary third sector providers which are wholly or partly funded by the NHS and independently funded private service providers. They are central to planning and developing the healthcare workforce. They are responsible for ensuring their workforce is equipped with the right skills in the long and short term. These decisions will inform education and training commissioning.'

'Providing, managing and quality assuring high quality clinical placements to train new healthcare professionals generally needs to operate at a larger scale than a single healthcare provider. For example, individual employers would struggle to provide the full range of postgraduate medical and dental training experience required. **For smaller professions, it is important to recognise that this will require some national coordination.** Individual employers will also lack the concentration of expertise needed to provide specialist training for smaller medical specialities and professions.^{xiii} We believe that clinical placements for training the next generation of healthcare professionals, including their postgraduate training, are best managed multi-professionally across a network of healthcare providers.'
