Joint Action Health Workforce Planning and Forecasting

Our purpose

- *Health is all about people. Beyond the glittering surface of modern technology, the core space of every health care system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them'*

  Health professionals for a new century [first published in the Lancet], 2010

Our core functions

NHS
Health Education England

- Workforce planning
- Attracting and recruiting the right people to the posts we have identified
- Commissioning excellent education and training
- Lifelong investment in our people

We don't work alone – we have many key partners including other Arms Length Bodies (ALBs), Higher Education Institutions (HEIs), Regulators, Professional Bodies and the Department of Health (DH).
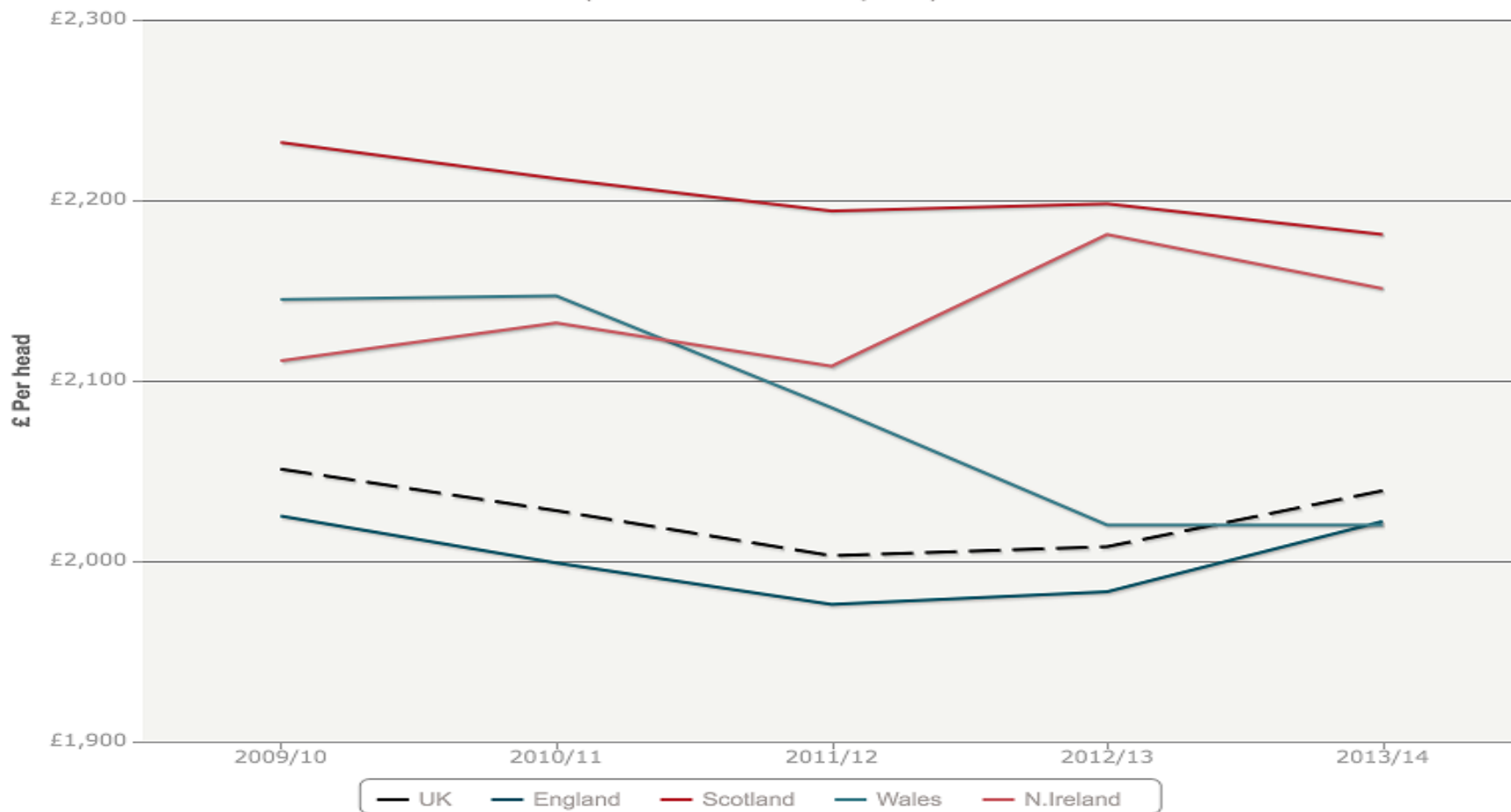
UK-wide NHS

![NHS Health Education England logo]
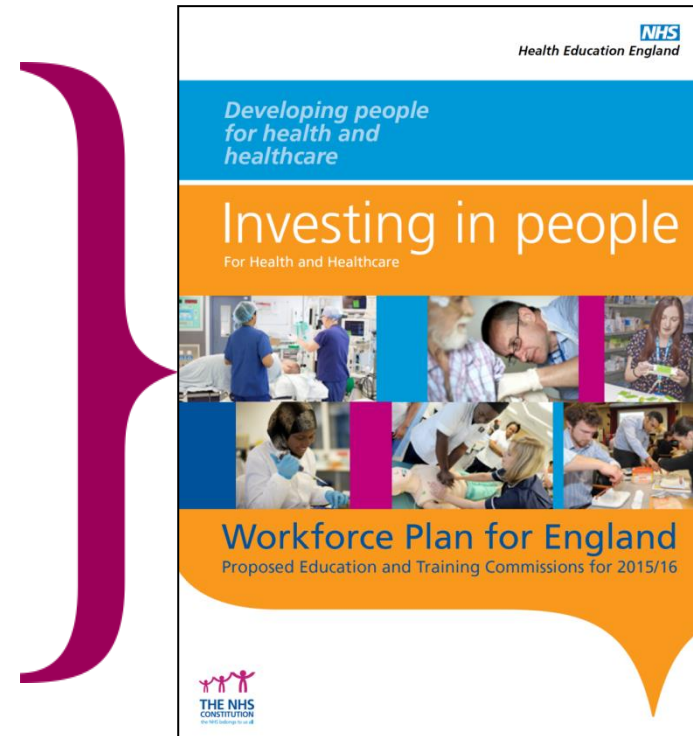
Devolved responsibility since 1999

Population (2013)

- England – 53 million

- Scotland – 5 million

- Wales - 3 million

- Northern Ireland - 1.8 million

Health spending per head by country
(in real terms at 2014/15 prices)

© Nuffield Trust

Country	England	Scotland	Wales	N Ireland
Population	54 m	5 m	3 m	2 m

National recruitment for doctors

- All four nations of the UK part of national recruitment, reduces competition between countries
- Single timeline
- Applicants only need to apply once and not multiple times to each country
- Each nation has unpopular areas of the country which they struggle to attract applicants to
- Northern Ireland – least impacted as they tend to consume their output. Little migration for other countries.

Medical student /
Junior doctor migration

- 43% of medical students take jobs near Medical School (57% do not)
- 86% of post-graduate trainees take consultant posts in the areas in which they trained

BUT – gender and specialty variances

- Women significantly more likely than men to remain where they are trained.
- Surgeons more likely to move than Psychiatrists

Staff movement and supply planning – the UK situation

- The English NHS has a powerful workforce planning tool in its Electric Staff Record – an HR system used by NHS Providers
- This allows us to track the movement of staff into and out of NHS employment
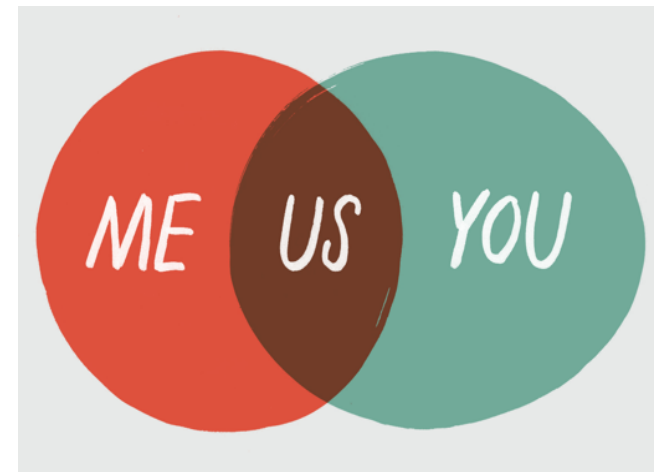
However;

- Leavers are recorded by reason not destination
- Accuracy of leaver/joiner record is poor, with significant 'unknowns' and 'none'
- No complementary data in respect of other countries
- Professional Registration data currently not granular enough to be helpful

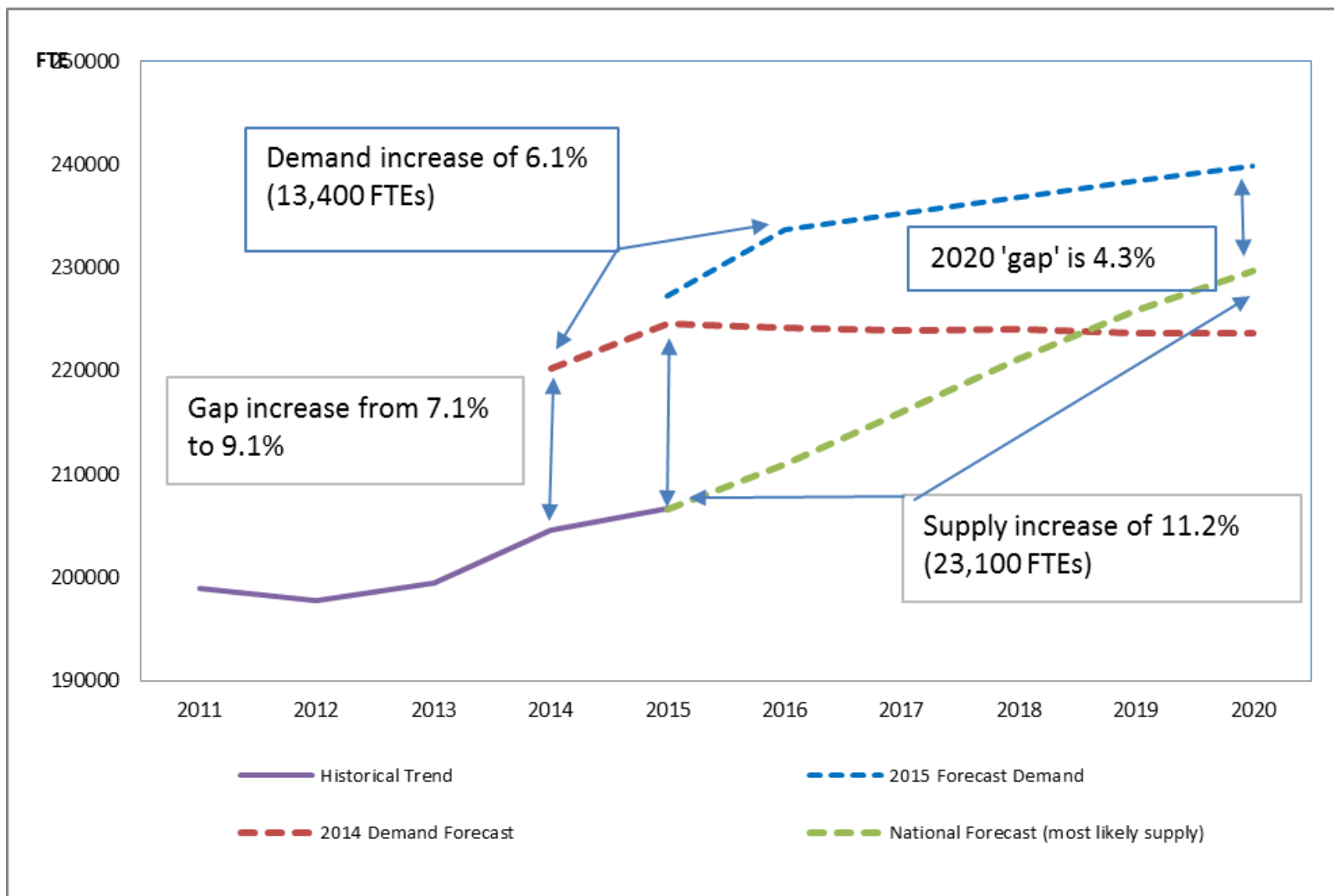# SNP launches drive to lure English doctors to Scotland

Movement of the workforce across devolved nations

- Devolved governments and health
  - ➢ 'politics'
  - ➢ different systems/architecture
  - ➢ policy and pace
- Workforce shortages/recruitment
- New workforce
- Single regulators
- Compete or collaborate?
- Data

NHS Adult Nurses

NHS
Health Education England

Demand increase of 6.1% (13,400 FTEs)

2020 'gap' is 4.3%

Gap increase from 7.1% to 9.1%

Supply increase of 11.2% (23,100 FTEs)

FTE / 250000 / 240000 / 230000 / 220000 / 210000 / 200000 / 190000

2011 / 2012 / 2013 / 2014 / 2015 / 2016 / 2017 / 2018 / 2019 / 2020

—— Historical Trend
- - - 2015 Forecast Demand
- - - 2014 Demand Forecast
- - - National Forecast (most likely supply)

Migration of Nursing Staff into and out of the UK 2003/4 to 2013/14

NHS
Health Education England

Figure 9: Number of new entrants to the UK nursing register from non-EU and EU sources (2003/4 to 2012/13)
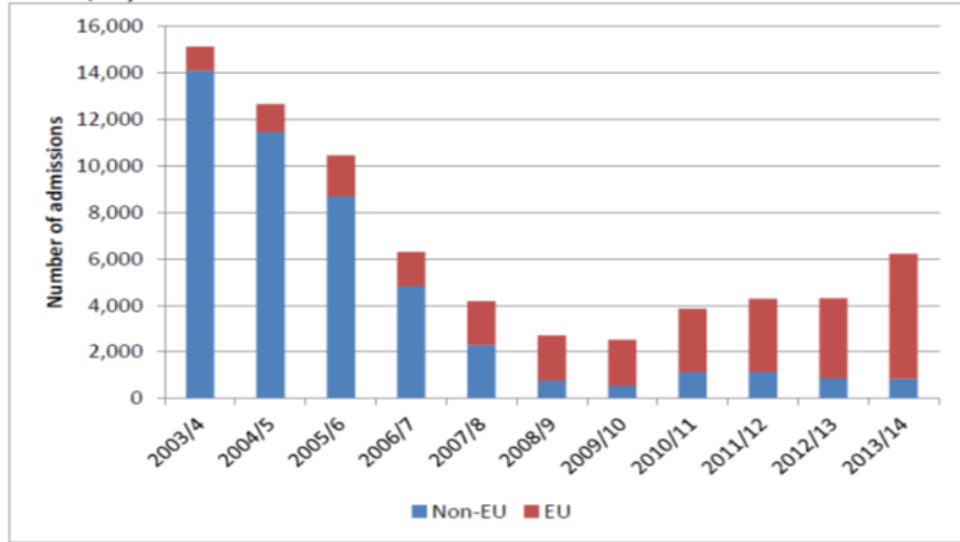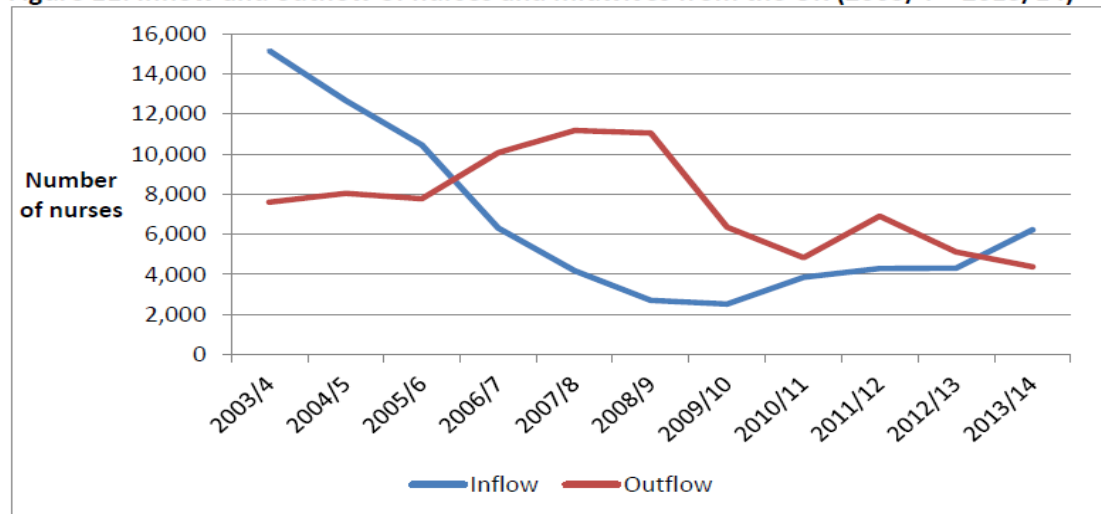

Source: Nursing and Midwifery Council, obtained under Freedom of Information

- Non EU immigration has been approx. 1000 per annum for the previous 6 years (UK wide including non NHS employers)
- NMC confirm 763 new registrants in 2014/15 (compared to the 3600 CoS issued)
- We would expect reliance on both EU and Non EU to diminish from 2017/18 as high levels of excess vacancies reduce
- EU migration is due to push factors as well as pull (redundant health staff in southern Europe)

- Nursing has demonstrated net outward migration until 2013/14
- There has been a welcome reduction in the number of UK nurses leaving

Figure 11: Inflow and outflow of nurses and midwives from the UK (2003/4 – 2013/14)

Source: Nursing and Midwifery Council, obtained under Freedom of Information

Framework 15: HEE's strategic approach

Our best chance of success is to base our long-term workforce strategic framework on the anticipated needs of future patients.

Global drivers of change

Our understanding of the key drivers of change in health and healthcare, based upon a review of international evidence.

Future patients

Our judgement of the impact these drivers are likely to have on people and patients of the future, and how this will shape their characteristics and needs.

Future workforce

Our view of the characteristics of the future workforce that will be needed in order to meet the anticipated needs of people and patients.
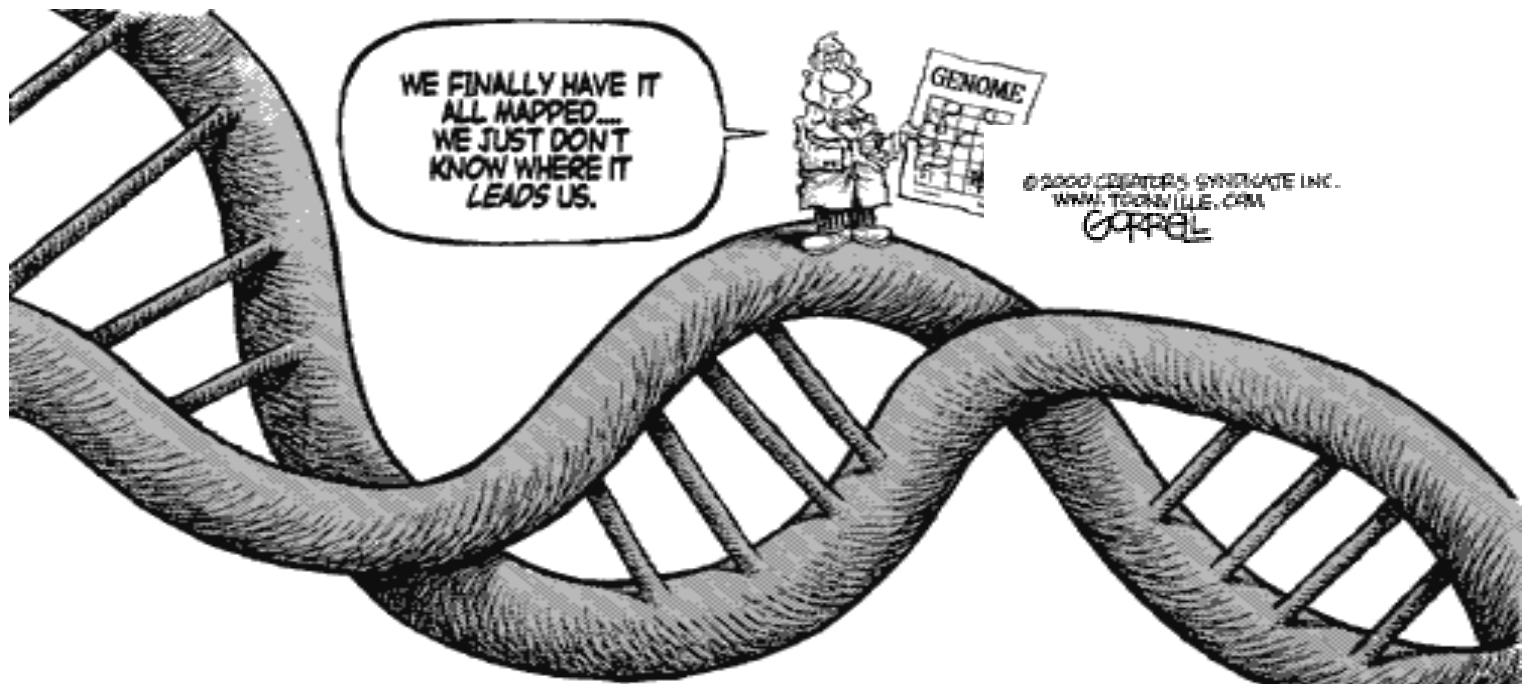
Migration and technology

Migration and genomics

100,000 Genome project
From Diagnose-and-Treat to Predict-and-Prevent

We must be bold and brave…

"We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten. Don't let yourself be pulled into inaction."

Bill Gates