

An independent consultation on proposals for a Centre of Excellence for workforce strategy and planning on behalf of the Department of Health

Please complete this coversheet and include with your response.

**Name:** Dr John S A Collins MD FRCP Edin  
**Position:** Secretary  
**Organisation:** Royal College of Physicians of Edinburgh  
  
**Address:** 9 Queen Street  
Edinburgh  
EH2 1JQ  
  
**Telephone number:** 0131-225 7324  
**Fax number:** 0131-226 6124  
**Email address:** [l.lockhart@rcpe.ac.uk](mailto:l.lockhart@rcpe.ac.uk)  
**Website:** [www.rcpe.ac.uk](http://www.rcpe.ac.uk)

Please indicate whether you are happy for the King's Fund to quote from your response in the final report:

YES.

Please indicate whether the response is on behalf of your organisation or in a personal capacity:

Organisation

Please submit your response:

- i. by email to [workforce@kingsfund.org.uk](mailto:workforce@kingsfund.org.uk), or
- ii. by post to Anna Dixon, King's Fund, 11-13 Cavendish Square, London W1G 0AN

The deadline for response is **Friday, 24 October 2008**.

## General questions

1. What do you think the main benefits will be of establishing a Centre of Excellence for workforce strategy and planning? What should be the key success criteria by which to measure the performance of the Centre?

The RCPE believes there will be significant benefits resulting from a Centre of Excellence for workforce strategy and planning and hopes that its remit will extend beyond England, recognising that workforce planning must take account of dynamics across the UK.

The Centre must take account of technical and social drivers that will change the shape of the workforce and respond to the views of patients, clinicians and planners.

Key (measurable) success criteria might include:

- Effective data capture mechanisms – providing timely and accurate statistics.
- Publication of workforce trends and future requirements by specialty – to allow challenge and wider use of workforce statistics including careers advice to those entering the various professions.
- Awareness and understanding of the national workforce strategy.

2. Are there any factors that threaten the ability of the Centre to realise these benefits? How could these risks / threats be mitigated?

- Failure to agree a national workforce strategy.
- Inadequate data collection systems – currently focussed on professional groups rather than clinical teams – requires national agreement on services that may need to be delivered differently eg urban rather than rural models of care.
- Inadequate/inappropriate staffing within the local workforce planning teams providing the data to the Centre – requires a commitment by SHAs and equivalents to recruit and train local planning teams.
- Failure to win the respect of clinicians, workforce teams or planners.

These could be mitigated by:

- Ensuring the Centre has access to credible clinical advice, technical expertise and government support (for enforcement).
- Engineering quick wins to show the benefits of the approach. Models espousing skill mix and other changes must be evidence based.

3. How can the Centre ensure that it operates in line with the values set out above? In particular, how can the Centre help promote workforce planning along clinical and patient pathways as opposed to professional lines?

- It must engage the different professions, offering assurance that modelling will take due account of their professional needs within the multi-disciplinary setting.
- Recommendations must be evidence based.
- Progress must be in the public domain to allow staff groups and patients to understand thinking and the likely direction of travel.

4. How can the Centre strike a balance between strategic and immediate requirements?

The Centre must establish a number of parallel work streams to ensure progress on strategy whilst earning early commitment. Options might include:

- Quick wins – pick an obvious and agreed priority and develop a model that is seen to work.
- Start work immediately on priority setting – focussing on those clinical services with current or imminent staffing crises and justify choices.
- Design a workforce information system to allow cost-effective and accurate data capture across all constituent organisations.
- Establish mechanisms to share high level objectives (by service and by professional group) across the UK to start longer term planning on trainee numbers.

## Functions and remit

5. Three main functions have been identified for the Centre of Excellence – analytical, networking and capability building. Are these the right ones? Are there any gaps? Which of the functions should be given greatest priority?

- The analytical function is the most urgently needed. Data capture challenges may be underestimated.
- Workforce planning must take account of UK wide movement of health care professionals, particularly doctors in training.

- Consideration of the supply of healthcare professionals from EEA countries and some interface with the Homeland and Immigration Agency would be essential. Monitoring the impact of EC legislation will be important.
- Developing an analytical strand considering the flexible working needs of healthcare professionals, particularly in medicine given the feminisation of the workforce.
- Ensure workforce models take account of different geographical/social environments – models that suit central London may be undeliverable in remoter regions.

## Analytical function

6. A key role for the Centre of Excellence is to develop forecasting, workforce projections and scenario models. How can the Centre ensure that this process is accurate, evidence based, relevant and timely? In particular -
  - a. How should the Centre develop and test its assumptions?
  - b. What data sources will the Centre of Excellence need access to? What can be done to ensure that the Centre has access to high quality data and information?
  - c. At what level should the models be developed - national, regional, local or multilevel?

- a) The mathematical models must be built following wide ranging and open discussion with all relevant stakeholders and taking account of strategic drivers in health care and demographic changes eg technology changes, feminisation of the workforce and a rising older population.
- b) The Unit should exploit existing data sources, working closely with professional bodies which have access to hard data and vital softer intelligence including, for example, trainee career preferences, plans for flexible working and retirement.
- c) The Centre for Excellence should be working at a national level, preferably UK-wide and provide support for local planning systems through its capability function.

7. The NSR identifies a role for the Centre in scrutinising workforce plans. How can this be achieved effectively? How will the Centre ensure it is able to provide simple, clear advice and options to the Department of Health, SHAs and the professional advisory boards?

- Local workforce planning teams must be required to provide a core data in a standard format to facilitate scrutiny and collation. Definitions must be clear and supported by appropriate data capture systems that can operate on all IT platforms.
- Future workforce requirements should be evidenced and informed by the views of the multi-disciplinary clinical teams delivering the service.

- Softer intelligence (ie working patterns or retirement intentions) should be gathered, providing the opportunity to link with other teams facing similar challenges to resolve local “hotspots” and contribute positively to forward thinking. This facilitatory approach should support the capability function, earn “buy in” from local workforce teams and clinical staff and improve accuracy.

## Networking function

8. What are the key relationships and networks that the Centre will need to establish and how could these best be facilitated? How can the Centre build the necessary networks and delivery mechanisms to ensure it communicates with and reflects the priorities of core stakeholders?

The Unit will require networks for:

- The provision of hard data from current payroll and personnel systems.
- Professional input – for clinical and technical innovations by specialty and for softer intelligence.
- Education input – for training, credentialing and career planning.
- Dissemination of policy and results to support implementation.

## Capability function

9. How best can the Centre support capability building at local level and disseminate best practice?

By collating information from workforce networks, the Centre can facilitate the dissemination of best practice and encourage shared learning.

The piloting of studies and/or exemplar sites will stimulate activity and can be used for training.

Offering training for local workforce teams will encourage networking.

By finding champions with clinical credibility.

10. What types of consultancy support might the Centre commission in order to support capacity and capability building? How does this fit with their other functions?

The Unit should undertake a needs analysis of expertise across the NHS at a strategic and operational level, and in parallel to an analysis of available data and models to inform national planning. Only then will it be possible to assess how best to support the service from a central unit. It seems likely that some generic modelling and data analysis training will be required, and this could be commissioned from external trainers. Structure should follow function.

## Leadership

11. What characteristics will the leadership of the Centre need to demonstrate?

A commitment to:

- Listening to patients and clinical teams in addition to planners and budget holders.
- Delivering against promised objectives.
- Open communication.
- Standing behind the evidence – in discussions with government.
- Quick wins – to combat the cynicism associated with workforce planning.

12. What skills will be required among those working in the Centre?

- Technical expertise with an understanding of the changing health care environment. Having technocrats with no understanding or empathy with patients or professionals would be disastrous.
- Clinical credibility.
- Well developed communication skills.
- Project management and coordination capacity.

## Governance

13. What are the principles that need to underpin the governance of the Centre?

- No different from any other NHS unit.
- Short and medium term planning should include measurable objectives to ensure that those in authority are held to account for their resources - given the opportunity costs of establishing this new central unit.

- Openness – sharing data (in line with legislation), work in progress and results openly.

## Hosts and transitional arrangements

14. What form should the Centre take and in what type of organisation would it most appropriately be located? For example should it be a single organisation or a managed network of organisations based on a hub and spoke model?

- Until functions are clear it is dangerous to specify the structure – but a central unit to build and share the necessary analytical expertise has merit. Geographical location is less important given electronic communication.

- Various networks will be required to contribute to central planning and delivery and also to disseminate results. The College would expect to contribute, perhaps jointly with sister Colleges of Physicians.

15. Which existing organisations have the skills to provide all or some of the functions of the Centre? Where new functions are proposed, do the necessary skills exist to deliver? If not, how could these skills be developed?

- Professional associations (including this College) have much of the hard and soft data and the understanding of clinical services and training requirements to describe and populate workforce models.

- Statisticians are required to build the models.

- HR/Organisation Development professionals have the data such as is available currently and knowledge of employment law and change management techniques to consider implementation

Any other issues or comments.

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Please limit your response to 3000 words and provide any particularly lengthy supporting documentation as appendices or by web link.