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## A Workforce fit for Prudent Healthcare

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This report represents formal advice from the Bevan Commission to the Minister for Health and Social Care. It is part of a wider programme of work being undertaken by the Bevan Commission.

## The Bevan Commission

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## 1.0 Summary

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The Bevan Commission's workforce review forms part of a series of work at the request of the Minister for Health and Social Care. The Commission recognises the significant resource and assets held within the NHS workforce, its importance in sustaining NHS Wales and supporting a prudent approach to health. The Commission considered a wide range of literature and took evidence from patients and professionals. It has used this feedback alongside the collective special expertise of its members to inform its findings both in the immediate and longer term.

In answer to the question posed, **'Do we have a prudent workforce?' the evidence suggests that this is currently not the case.** In particular it was noted that the balance, composition and capacity of the workforce was not best suited to support a prudent approach to health in Wales. For example, the focus on prevention versus treatment, the current proportion of specialists versus generalists, and the emphasis on acute versus community roles and responsibilities, were questioned.

**A workforce fit for prudent healthcare must be designed to address individual and population health needs now and in the future.** It should not perpetuate existing roles and responsibilities for the sake of it, nor be afraid to try out and test new solutions; it should be **open, flexible and responsive to adopting new roles, skills and new ways of working together with patients and the public** to best meet their needs. By taking collective responsibility for this, as individuals, professionals, professional bodies and organisations, Wales has a great opportunity to lead the way, exploring together better ways to use and develop the great resource and expertise held in NHS Wales and its local communities.

The Commission concludes that **resources currently in place are not adequate or are not being used in the most effective way to manage or meet current or future demands.** Wales should urgently think about how best it might bridge the gap between demand and supply, adapting the way it equips, plans and manages its current and future workforce accordingly. Prudent Healthcare requires us to use all skills and resources to best effect and proportionate to need, ensuring the right mix of people are in the right places and with the right competencies. This will require a strategic and holistic perspective rather than looking at different parts of the system, as there is an inherent interdependency between them which needs to be fully thought through across the whole system of care. **This includes the skills and resources held by the wider workforce, including our social care and housing colleagues and crucially, those of patients, carers, volunteers and the third sector.** We ignore these at our peril as they often hold the key in supporting their own health and that of their families and friends and specifically those in greatest need.

**A strategic vision of what a prudent healthcare system will look like in the future is required to help guide and stimulate change to meet health needs and ensure the most effective use of the workforce.** This will need to address the holistic health and social care needs as part of a prudent healthcare model and its concepts which would also explore a socially orientated approach. It requires a different culture, mindset, model and way of working to deliver prudent healthcare in practice and a workforce with strong leadership and 'future proofed' skills. It is not about more of the same or even a few different roles introduced here and there; it is much more fundamental than that and involves more than 'only do what only you can do', requiring a wider shared commitment and responsibility for prudent healthcare outcomes. It is a considerable task and will take time, courage and commitment by all, professionals and the public to achieve the outcomes we all want.

The NHS' greatest asset is its workforce. This should be nurtured, trusted and encouraged to find better solutions and improved outcomes. We need to be **more creative and forward thinking in developing the leadership qualities, skills and competencies to ensure** a prudent approach to health is owned and delivered by all; staff, patients and the public. Further work is needed to determine a longer term

strategic model of care and how we transform the nature and composition of a workforce that would best suit the effective delivery of health and healthcare in the context of that model from 2020 onwards. A number of immediate and medium terms actions have been identified to ensure we maintain momentum and ignite a burning ambition for sustainable prudent approach to healthcare in Wales which requires everyone to be involved and responsible for addressing the challenges ahead. The transformation starts now with small steps by everyone.

## 2.0 Introduction

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Demand for healthcare services is increasing globally, primarily due to population ageing, increased prevalence of chronic and complex health conditions and growing patient expectation. Although life expectancy in many countries is rising, an ageing population presents health systems with the challenge of balancing increasing demand with reduced expenditure. The NHS in Wales is not alone in needing to address these challenges whilst providing consistently high quality care in a time of diminishing resources. In addition today's professional health and social care workforce was trained and developed for a model of care that is different from that currently existing (Welsh NHS Confederation 2015) and in order to deliver healthcare services of the future, changes in the design, training, planning and deployment of the health and social care workforce are urgently required.

In response the Bevan Commission (2013) set out its initial thinking to a prudent approach to health in the paper 'Simply Prudent Healthcare' and in the underpinning prudent principles. The final principles were outlined in its Prudent Healthcare Principles paper (Bevan Commission 2015);

**1 - Achieve health and well being with the public, patients and professionals as equal partners through co-production.**

**2 - Care for those with the greatest health need first, making the most effective use of all skills and resources.**

**3 - Do only what is needed, no more, no less and do no harm.**

**4 - Reduce inappropriate variation using evidence based practices consistently and transparently.**

The workforce is the NHS's greatest asset and effectively utilising the resource and skill of almost 85,000<sup>1</sup> employees is crucial to ensure more sustainable health and healthcare in Wales. This workforce accounts for approximately 75% of the total NHS budget (NHS Wales 2014). However the challenges being faced to produce a workforce fit for prudent health will require radical re-thinking of all facets of planning, training, managing and organising the NHS workforce.

Whilst this will be challenging, the Bevan Commission recognises that doing more of the same will only produce more of the same. This is a situation Wales cannot afford, is not sustainable and could leave the NHS in a volatile position. We must act now; working together to find the best solutions in order to be best equipped for the future.

*'The increasing burden of chronic disease and ongoing quality concerns in delivery systems has created a **'burning platform'**, which must be addressed if we are to maintain a system which offers high-quality care free at the point of delivery'. Dunbar-Rees et al (2014).*

This paper aims to address these major challenges by considering how we might best align the workforce with a prudent approach to health in the shorter term by answering the following questions:

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<sup>1</sup> By headcount or approximately 73 000 in terms of full time equivalent. This data is produced from the Electronic Staff Record (ESR) and as such does not include GPs or Dentists who work as independent contractors, or temporary/agency staff. **Source** <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff>

- 1) **Do we have a prudent workforce fit for the future health and care needs in Wales?**
- 2) **How might we achieve this, making the best use of all assets available?**
- 3) **What might the barriers be and how can we overcome them?**

Further detailed information to support this and in particular the competencies, composition, capability, capacity and likely barriers can be found in the Supplementary Annex.

### 3.0 Recent and ongoing workforce reviews in Wales

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The Minister for Health and Social Services has recognised the need for a highly skilled, flexible and more prudent workforce in Wales and a series of reviews and plans have been commissioned.

The **Health Professional Education Investment Review** (Evans 2015) was tasked to understand how Welsh Government currently invests in planning, development and commissioning of health professional education and workforce development. The review identified, that there is a need for a refreshed strategic vision for NHS Wales for 2015- 2030 based upon the prudent healthcare agenda and used to inform the workforce strategy within the same period:

- Workforce planning must be aligned to this strategic vision
- There should be the creation of a single body to cover commissioning and equity of education and training provision with a greater emphasis on multidisciplinary teams, including AHPs
- NHS Wales should be developed as a learning culture

The **Planned Primary Care Workforce for Wales** (Welsh Government 2015a) reviewed a number of the immediate issues faced by the primary care workforce, including what can be done to support GP recruitment and retention and the role of advanced practitioners. It identified 4 action areas:

- Putting in place the foundations for a more robust approach to workforce planning
- Supporting the continuing development of primary care clusters and the sharing of best practice.
- Investing in the development of the wider primary care workforce.
- Stabilising key sections of the current workforce

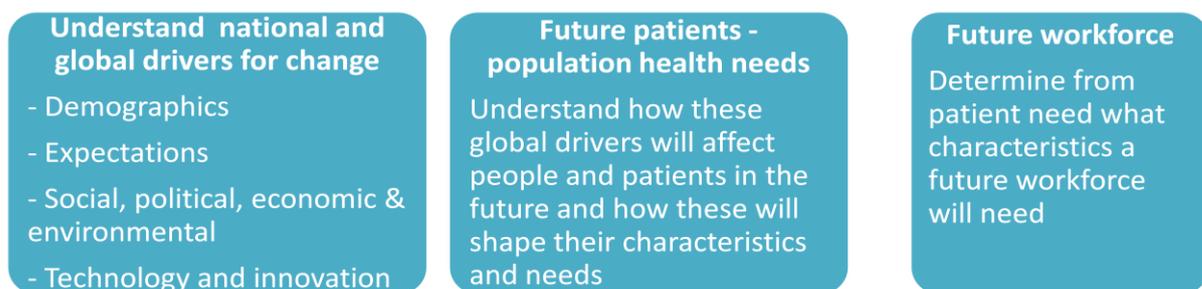
The **Review of the NHS Workforce**, led by David Jenkins (Welsh Government 2015b) will seek to identify new models of service delivery, the workforce of the future – the staff and skills mix, potential areas of efficiency and the long term strategic direction for pay and reward for Agenda for Change, executive and senior posts. Its conclusions and recommendations are expected to be published in early 2016.

The Bevan Commission's work will link closely with this, adding value and providing a further source of expert independent advice to the Minister for Health and Social Services through the expertise of its Commissioners. It will provide a complementary perspective to the NHS workforce in addressing a prudent approach to health.

### 4.0 Challenges for Change - needs, expectations and drivers for change

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The Bevan Commission began its deliberations by considering the health and care need in Wales and their inherent challenges, which have been summarised below. Cumming (2012) suggests that planning for a future workforce must take account of both drivers for change and public need requiring a longer term strategic vision and responsive planning process to help achieve this and proposes a framework based upon a three step process (Fig 1).



**Figure 1: Responsive Workforce Planning Process (Cummings 2012)**

Consistent with this evidence, the Commission recognises that in order to design a workforce that is ‘fit for the future’ it must consider the health needs of the population alongside the global drivers for change, public expectations and the prudent healthcare principles. Whilst this will help provide a longer term strategic vision there are some important actions that will need to be addressed in the shorter term.

The King’s Fund (2012) suggests that **future public expectation** will put increasing demands on health professionals. We believe that in Wales this will translate into the public requiring; greater control and choice; timely and appropriate care when needed; greater use of IT / other technologies; responsive health care; better quality of life; to be involved and consulted; accessible services; higher standards of care; more information about treatments; more involvement in decisions about their care; and access to the latest treatments.

#### 4.1 Drivers for Change

Wider evidence suggests a number of drivers for change in the health sector including; demographics (Fig 2), public and patient expectation (Fig 3), social, political, economic and environmental (Fig 4), technology, medical advances and innovation (Fig 5) and other additional factors (Fig 6).

**Figure 2: Demographic Drivers of Change**

- Increase in the frail elderly population with complex medical needs (Gordon 2015; Ham 2009; Imison 2009)
- An ageing population requires increased NHS spending of 1% per annum (Ham 2009)
- The burden of disease and disability is increasing, especially for long-term conditions (Ham et al, 2012)
- There is currently sustained health inequality (Ham, 2009)
- The medical workforce will get younger and become increasingly female (Gordon, 2015)
- Increased interest in part-time working (Gordon, 2015)

**Figure 2: Demographic Drivers of Change**



Rising public expectation due to increased levels of per capita income and educational attainment (Ham, 2009)

Rising clinical demands (Gordon, 2015)

Changing needs of patients and the public (Gordon, 2015; Ham, 2009; Imison, 2009)

Patients are experiencing fragmented care (Gordon 2015)

Patients see a breakdown in care in out-of-hours care (Gordon 2015)

Figure 3: Public and patient expectation



Currently there is zero growth in funding

There is inflation and increased demand

NHS spending has increased rapidly in the last decade. Funding is expected to become much tighter

(Gordon 2015)

Figure 4: Social, political, economic and environmental



Medical advances have contributed to long term improvements in health and are expected to continue to do so (Ham, 2009)

Technology and medical advances have implications on future spending in health care (Imison, 2009)

Future developments in medicine are expected to come about incrementally rather than step wise (Imison, 2009)

Figure 5: Technology. medical advances and innovation



Globalisation: healthcare in the UK is increasingly being affected by workforce mobility and EU legislation (Ham, 2009)

Staff shortages: recognition that there are challenges around ensuring there is a sufficient supply of staff (Imison, 2009)

National policy such as Prudent Healthcare

Figure 6: Additional Factors

#### 4.1 Population Health need in Wales

When the NHS was established in 1948 the needs of the population were different to that which currently exists in Wales (Fig 2). Increases in life expectancy and reductions in infant mortality have reversed the demographic profile of 1948 and Wales like many other countries has a growing elderly population with complex care needs. Increasing co-morbidities and complex care needs often result in increasing poly-pharmacy with 5.8% of the population received 10 or medicines in 2010 (Jones & Pugh-

Jones, 2014). In addition it is estimated that 45,000 people in Wales live with dementia. If current trends continue the numbers of people with dementia across the UK will increase by 40% by 2025 and 156% by 2050 (Alzheimer’s Society 2014). There has also been an increase in preventable lifestyle related problems at all ages such as obesity, diabetes, coronary heart disease and cancer with harmful health behaviours remaining common (Fig 7).

21%	Smoked
42%	Drank above daily guidelines the previous week
26%	Binge drank (twice daily guidelines) the previous week
67%	Ate fewer than five portions fruit and vegetables the previous day
71%	Physically active fewer than five days the previous week
34%	Not physically active any day the previous week
58%	Overweight or obese
22%	Obese

**Figure 7: Adults’ health risk behaviours in Wales**  
(Chief Medical Officer report 2014)

The inverse care law (Tudor Hart 1971) is prominent in Wales, with the average life expectancy difference between the most deprived and the most affluent areas being 19 years for men and 18 for women (Hussey 2013). Deprivation has also been linked to higher levels of obesity, alcohol-attributed mortality rate, cancer incidence rate and emergency admissions. Overall, trends in inequality gaps are increasing (Humphreys et al 2011). The current and future health needs of the Welsh population highlights how health and wider socio-economic issues are intertwined, most notably the known relationships between deprivation and ill health.

Effective health needs assessment which includes future modelling should support and inform health and care services now and in the future and must be the cornerstone of future workforce and service planning. The Wellbeing of Future Generations (Wales) Bill (Welsh Government 2015c) recognises that to give future generations; children and grandchildren a good quality of life we must work together to tackle the challenges of today and tomorrow to improve the social, economic, environmental and cultural well-being of Wales.

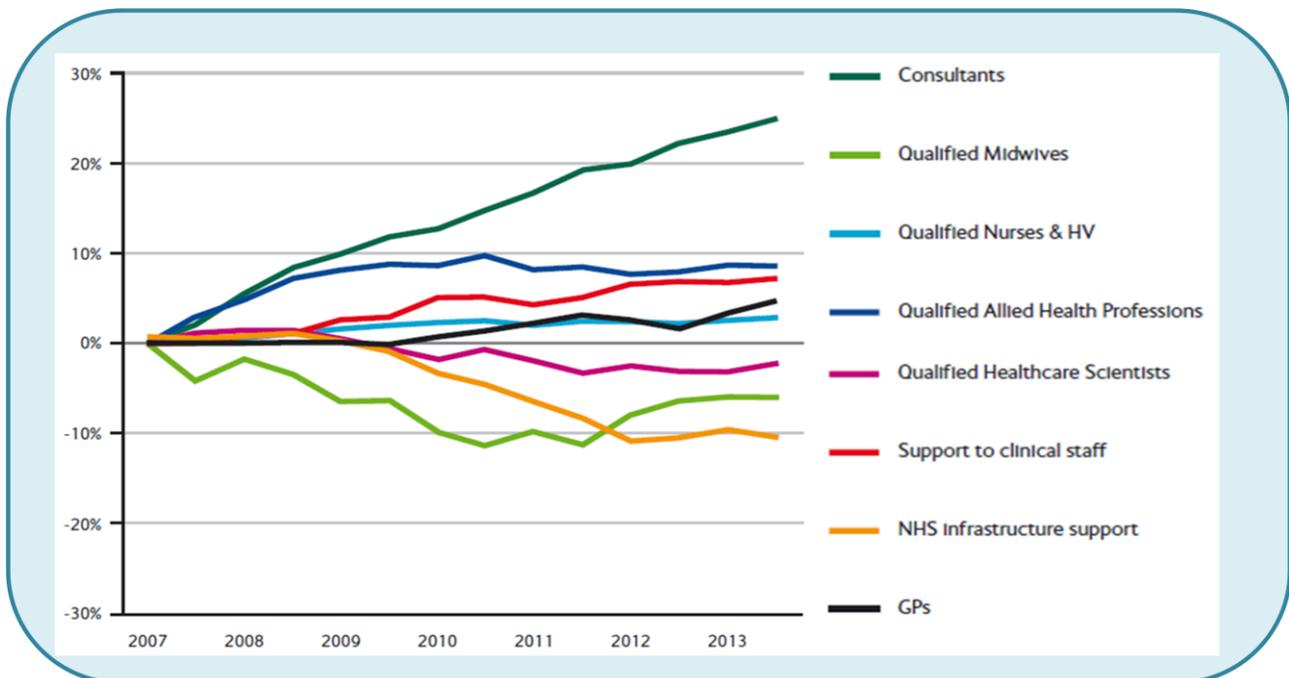
## 5.0 Current Situation – workforce, planning, models and composition

To understand how we might move from the current workforce composition to one most able to respond to prudent healthcare, we must understand what the current workforce and the planning process looks like. We were able to draw from existing evidence and data; however there were areas for which there was no available or relevant data. Our findings indicated the following:

### 5.1 Workforce model and composition

The current workforce appears to be as a consequence of a number of unrelated events and changes in practice, without full consideration of implementation or a strategic perspective based upon future needs. The NHS employs nearly 85,000 people in Wales and overall workforce numbers have remained fairly consistent since 2007/8 despite an increasing population. Data from NHS Wales Workforce and

Education Service (Fig 8) indicate that while broadly speaking that while support and infrastructure groups have seen their overall workforce percentage reduce while clinical staff groups have increased. The greatest increase has been in the number of medical consultants (+25%) but this has not been matched by increases in the GP workforce (+4%) (WEDS 2015a).



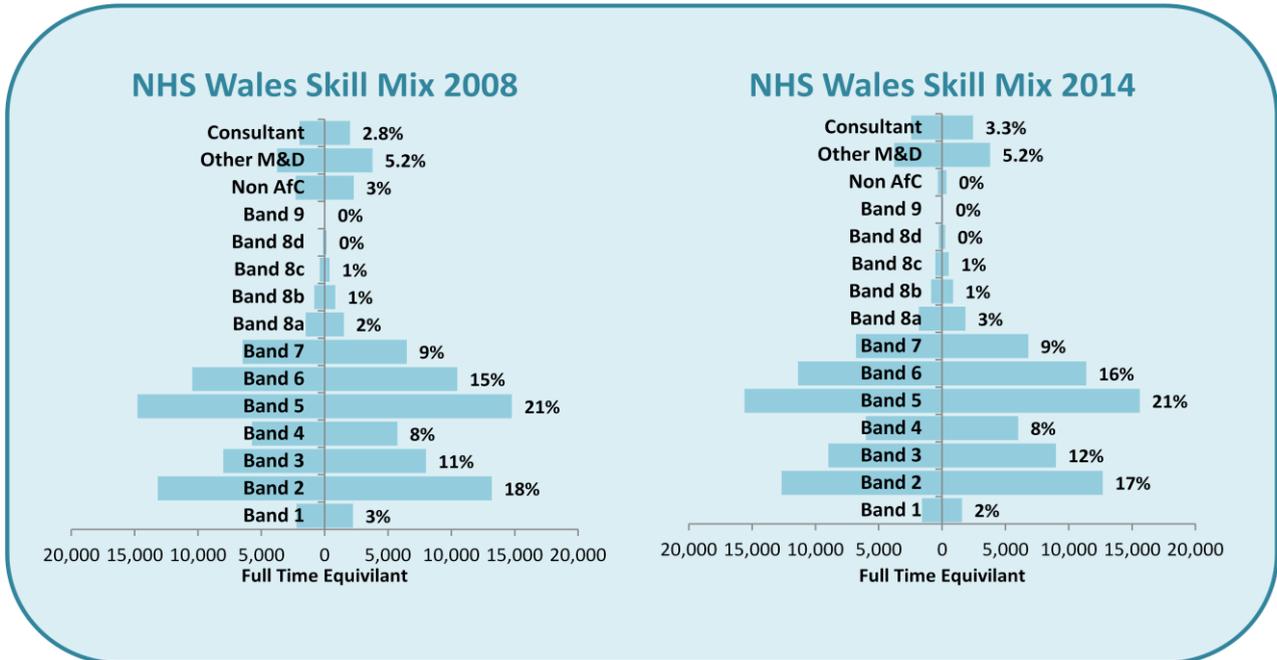
**Figure 8: NHS Wales Workforce percentage change**

Source: WEDS (2015a) NHS Wales Workforce: Key Themes and Trends

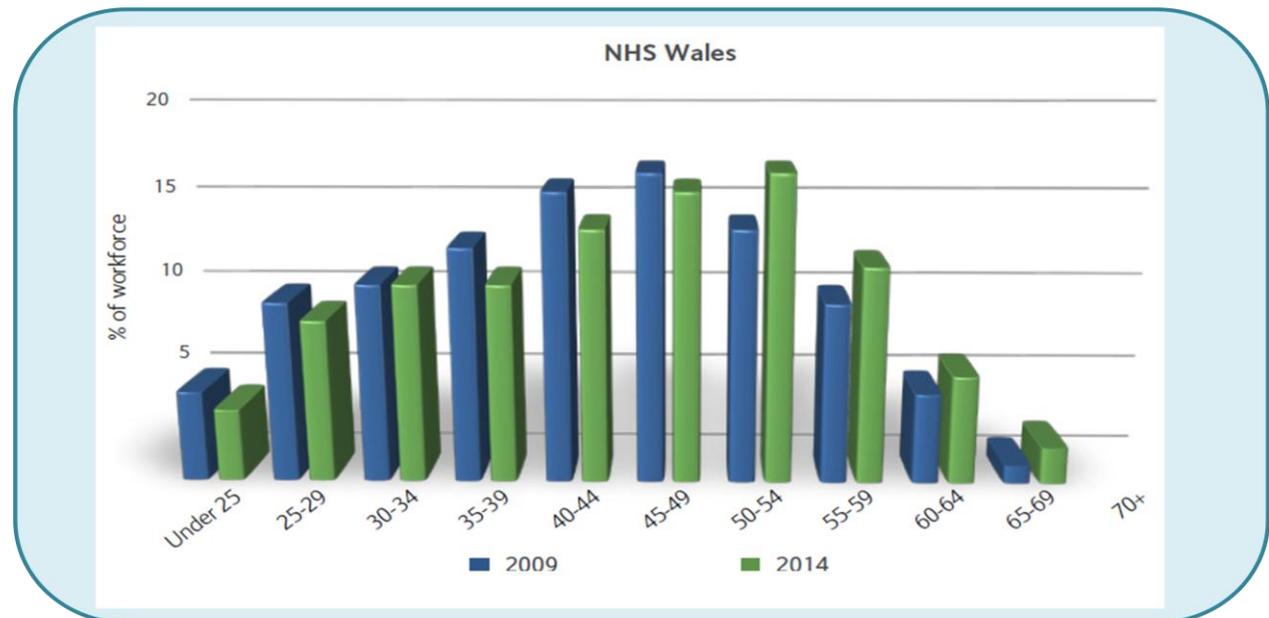
The following raises a number of important considerations for the future;

- **Specialists vs. generalists: Do we have the right balance?** There has been an increasing shift towards specialisation and super-specialisation and condition vs. person centred care at a time when increasingly complex care needs requires more specialist generalist skills.
- **Integration of health and social care:** We are integrated in theory but not always in practice within the NHS and with our other partners. There are still separate budgets, separate accountability and outcome targets, separate planning and implementation processes and limited capacity for a joint workforce, joint roles, planning and training, to span health and social care.
- **Workforce demographic:** The medical workforce is becoming increasingly female, aging amongst GPs and with an interest in less than fulltime working and more flexible portfolios (Gordon 2015).
- **Recruitment and retention:** Recruitment and retention of staff is a challenge in Wales. There is scarcity in some specialist areas (emergency medicine for example) and in geographical localities (for example rural and valleys communities).
- **The role of the wider workforce:** Health and social care services are delivered by all sectors, including the third sector, patients, families, friends and carers. There is a tendency to focus entirely upon the role of healthcare professionals.
- **Patient interactions:** Interactions between professionals and patient are transactional, mainly dominated by one size fits all approach. Patients are not currently effectively engaged to help develop and deliver service improvements.
- **Skills and capabilities:** The competency of the workforce is supported by training and assessment. However, currently take-up of statutory and mandatory training is poor and the quality of appraisals is very poor.

- There has been little change in the band profile of the workforce between 2008 and 2014 (Fig 9), but the age profile of NHS Wales has increased, showing an ageing medical demographic (Fig 10).



**Figure 9: NHS Wales Workforce Agenda for Change band profiles**  
Source WEDS (2015b)



**Figure 10: NHS Wales – Percentage of workforce age profile**  
Source: WEDS (2015a) NHS Wales Workforce: Key Themes and Trends

- Sick rates are at 5.4% per year in Wales, which is higher than the UK comparators. The lower bands have higher sickness, with an older band 1-3 workforce getting sicker as they get older. There is an increase in absences due to anxiety or stress.
- Variation in numbers of individuals going to university to train to be nurses, physiotherapists, occupational therapists, diagnostic radiographers and ambulance paramedics. This variation in number across years and across disciplines reflects the implementation of policy that does not appear to consider the longer-term sustainability of the workforce in Wales.

## 5.2 Workforce planning

The current process for commissioning the workforce relies upon local need informing a central education and training commissioning process. This has occasionally led to a boom-bust process where workforce numbers have fluctuated in a 3-5 year cycle. The following highlight the key issues raised within the task and finish group;

- **Lack of an effective strategy and planning process:** There is no national strategic plan that takes account of the current and future needs and the strategic, planning, policy, training and commissioning requirements to address these.
- **Limited link between needs and workforce planning:** Although the health needs review which forms part of the 3 year planning process seems to be comprehensive, there appears to be limited consideration and translation of this into strategic workforce planning. There may be over or under prediction of the current workforce needs, which results in fluctuating numbers of agency staff and locum doctors.
- **Number of positions:** Workforce planning currently predominantly focuses upon the number of positions to be filled, rather than focusing upon wider population health needs, alternative models, roles and the overall strategic direction.
- **Globalisation:** In 2006 the World Health Organisation identified a shortfall of 4 million healthcare workers globally (WHO 2006). Globalisation of healthcare professionals is becoming increasingly common, however tier 2 visa holder professionals now have to earn a salary of over £35,000 to enter and work in the UK, creating challenges in recruiting lower income professionals from overseas.
- **Data and Continuity:** Workforce planning is carried out as a discrete process and there is little continuity or consistency in monitoring the external environment to continually reflect changing needs and allow plans to be flexed to meet specific changes needed. Relevant data is often inadequate or absent to allow this to happen
- **Limiting thinking to the boundaries of the NHS:** There is a view that we are over-medicalising the workforce and its services (Gimson 2014). Workforce planning does not take account of the capabilities of the wider workforce, including patients, carers, public and third sector.
- **The future workforce vs. the current workforce:** Planning is predominantly focused upon the new workforce, rather than recognising that the current workforce will still form a major component of the future workforce and therefore the significance of the training and development needs of those already in the system.

## 6.0 Determining a Workforce Fit for the Future Prudent Health and Care needs in Wales

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Embedding the Prudent Healthcare principles fully across NHS Wales requires a vital step change in both thinking and practice. Many of the challenges in applying prudent health will fall upon staff to take forward, with success determined by application of an individuals' skill, competency, readiness to change and ability to cope. The following four Prudent Principles helps to test whether and to what extent we have a prudent workforce;

### **Principle 1: Achieve health and well being with the public, patients and professionals as equal partners through co-production.**

Over many years the clinician: patient interaction has developed from a predominantly hierarchical relationship into one where the patient, and increasingly the professional, want and expect more equality and 'partnership' in the relationship. The challenge is to foster this progress and to sustain it in the context of an increasingly busy and resource-constrained service. Staff need new skills and

incentives; healthcare delivery needs to support the change; and patients need the support and encouragement to make it work. This will all take time.

### **Principle 2: Care for those with the greatest health need first, making the most effective use of all skills and resources.**

Over the years we have supported a process that has valued and promoted increasing specialisation within the professions, which has seen progressively raised educational and other thresholds for clinical competence and a growing segmentation of practice into more restricted sub-specialties. These changes are a consequence of a myriad of small decisions by employers, regulators, professional bodies and others, usually made on the basis of good evidence that suggests that raising thresholds and increased specialisation improves the quality of care for particular patients. Whilst increased specialisation has brought considerable benefits to quality, delivery and patient outcomes, what has sometimes been lacking is the broader 'public interest' test - do the benefits that these changes promise out-weigh the costs of increased fragmentation and rigidity which are their frequent corollary? It also fails to recognise or indeed address the skills and competencies of the public, patients and carers themselves in addressing their health or that of others. We continue to perpetuate a 'sickness' model based upon professionals as 'fixers' underestimating and undermining the role that others can play in supporting health and healthcare.

### **Principle 3: Do only what is needed and do no harm, no more, no less.**

Health professionals have a basic role and instinct to care for people and to help them get better. This caring can sometimes be 'blinded' by the desire to make sure that everything possible is being done at all costs, where further tests and treatments are seen as an answer, giving patients ongoing hope and for the professionals, peace of mind. To move beyond this, where evidence based medicine is applied alongside honest conversations with patients about their needs and expectations, will require a different mindset and outlook by all parties. We need to support and encourage professionals and the public to better understand, communicate and put into practice only what is needed, no more and no less, avoiding unnecessary harm that may arise.

### **Principle 4: Reduce inappropriate variation using evidence based practices consistently and transparently**

We all rightly expect the best treatment and care possible. Variation of care both within and across Health Boards and professional groups is unacceptable, yet we still see this as part of everyday practice. Applying evidence based medicine openly and transparently, should be part of everyday professional practice, where patients can question and compare standards openly and without repercussion. We have not yet adopted an approach which allows patients to easily compare standards of care across professionals and institutions and understand what good practice they can expect.

#### **In strategic terms to translate these 4 principles into practice we need to focus on the following issues:**

- **How should professionals behave differently when interacting directly with a patient?** How can this be nurtured in a typical Health Board, which is host to approximately a million patient episodes a year? What part might technology play in this? This suggests a major staff development initiative, involving educational and professional bodies and employers; system redesign to enable such interaction; and patient engagement, showing patients how they too can co-produce.
- **How can we ensure that enhancements in professional scope and qualifications are tempered by the need to meet the broader interests of the population as a whole?** This suggests a need for a rigorous scrutiny of the population case for each proposed enhancement or sub-division of practice, and a robust benefits realisation scrutiny for all those which pass this new threshold.

- **How can we ensure that we have the right composition and competency of people in the right places working together with people, patients and the wider community to protect health and prevent ill health?** Too often people tip into the acute sector in the absence of other more appropriate support or services which could cause less harm and distress. Do we have the right balance between prevention and treatment / care or between the community and hospital services?

In answer to the question posed, ‘Do we have a prudent workforce?’ the evidence presented and considered by the task and finish group suggests that this is currently not the case. In particular it is noted that the balance, composition and capacity of the workforce is not currently best suited to support prudent healthcare. There is also a need to develop the skills and competencies of the NHS workforce in Wales to ensure a more prudent approach to health is owned and delivered systematically by all.

## 7.0 What might a future prudent workforce look like and how might it be achieved?

A prudent workforce must be designed to address individual and population health needs in Wales now and in the future. Health needs assessments must be actively used to inform the composition and capacity of the workforce and where and how it is deployed. It should not perpetuate existing roles and responsibilities but be open, flexible and responsive to new ways of working with people to best meet their needs. A prudent workforce should be recognised as an important agent for change and innovation within the system and encouraged and supported to enable this to happen in practice. It should be tested against the [4 Prudent Health Principles](#) and based up on a model that;

- Protects and prevents ill health wherever possible, using the public health drivers for change;
- Provides pro-active and co-ordinated, integrated health and social care that is wrapped around the patient, with a single point of contact or access; and
- Provides care based on need, where workforce planning focuses on the competencies needed to support health and care within the community, rather than in the hospital.

The following aspects of **composition, competency, capability and capacity** provide a useful framework for further analysis, consideration and improvement (Fig 11). They were identified within this work as essential elements of workforce planning and will all need further consideration once the future model has been defined. Further details relating to each of these can be found in the Supplementary Annex, which also identifies some of the barriers and potential solutions.

### 7.1 Composition

NHS workforce planning cannot be undertaken in isolation. Workforce planning, training and recruitment should be ‘future proofed’ working together with key partners such as social care and the third sector, to more accurately reflect the holistic needs, particularly of an aging society, and the workforce needed to address these. While there is a clear need for further consideration of what the future composition of the NHS workforce should look like, based upon a socially orientated model of health, in the shorter term transforming the skills of the current NHS and wider workforce to a more prudent workforce should be a priority. The composition of the workforce equipped to address prudent healthcare will need to consider;

- Using the existing workforce more prudently
- The development of new and evolving roles and responsibilities
- The balance between specialists and generalists
- Maximising the role of the wider workforce

- Integrated workforce planning, training and delivery

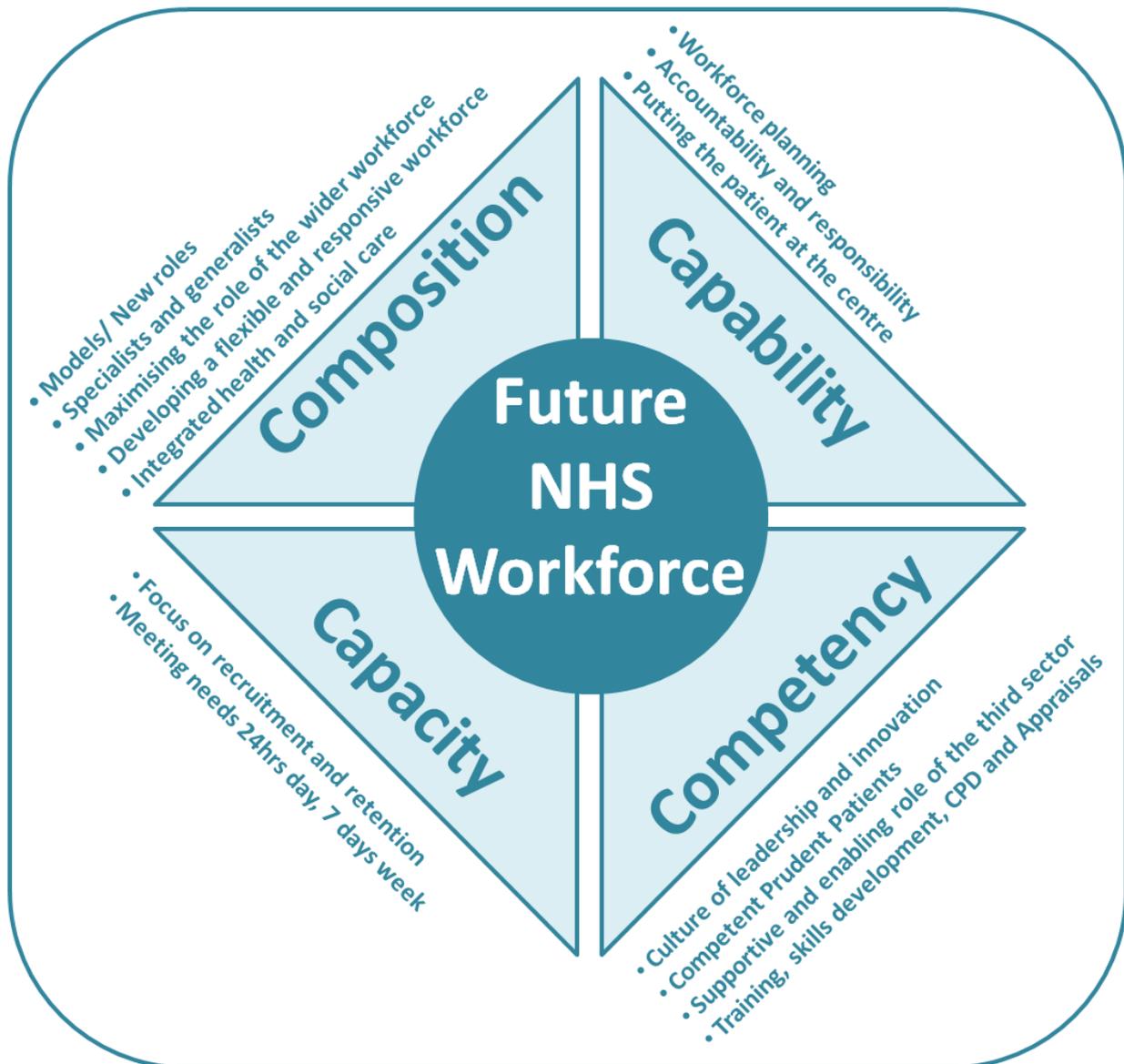


Figure 11: Framework for the Future Prudent Workforce

## 7.2 Capability

Workforce plans in Wales currently vary in scope and approach and to some extent the effectiveness of workforce planning is constrained by the resources dedicated to it. The Centre for Workforce Intelligence (2014) have produced a robust workforce planning framework for England, which first looks at what health and social care might look like in the future and details an approach to scenario planning to capture inherent uncertainty. Wales needs to consider an equivalent which takes account of the specific needs in Wales based upon a social model of health. In particular it should;

- Review its workforce planning skills and capability to meet future needs
- Ensure accountability is clear and transparent and aligned to prudent healthcare
- Strengthen leadership across organisations which actively supports innovation and change
- Ensure staff put patients needs first and are able to actively engage with them in planning and delivering their care

## 7.3 Competency

Individual and organisation competency refers to the ability to do a job properly, i.e. the right person in the right place at the right time. The Commission has challenged whether or to what extent the NHS workforce was fully equipped and supported to drive forward a prudent healthcare agenda. This preparedness should be addressed in the short term and the following needs were identified;

- Strong leadership, direction and support and encouragement to change and face new challenges
- Innovation and collective responsibility for change encouraged throughout the NHS and with partners.
- Competent, prudent staff and patients who are skilled and supported in prudent healthcare.
- A flexible and responsive workforce with 'future proofed' skills and a knowledge and understanding of prudent healthcare.
- Training, skills development, appraisals and CPD actively supporting prudent healthcare.
- Integrating the supportive and enabling role of the third sector.

## 7.4 Capacity

Addressing capacity cannot be looked at in isolation. It is more than simple numbers and should include relative numbers of specific skills and competencies to ensure that the needs of patients are fully met, are safe and produce good clinical and patient experience outcomes. Workforce planning currently tends to focus upon the number of positions to be filled, rather than focusing upon wider population health needs, alternative roles or broader strategic directions. It currently omits to ensure that we are maximising all skills and resources to best effect consistent with prudent healthcare principles alongside ensuring that we are able to recruit, train and retain a sustainable workforce. Much more thoughtful analysis based upon future needs, the impact of technology, wider societal change and the determinants of health needs to be undertaken with other partners along with;

- Recruitment and retention of key core skills
- Flexible responses to societal changes and expectations
- Innovative and integrated ways to ensure access to care 24/7 particularly using digital technology
- Strategic planning through the effective use of data and wider information

## 8.0 Conclusions and recommendations

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It is evident that resources currently in place are not adequate or being used in the most effective way to meet current or expected increased demands upon the NHS in Wales in the future. Urgent consideration is needed now on how best Wales might bridge the gap between demand and supply, adapting the way the future workforce is planned and managed to meet prudent healthcare needs now and in the future.

As austerity continues to make its impact, there will be an even greater need to have the right mix of people in the right places, with the right competencies to deliver a prudent approach to health. Prudent Healthcare requires the use of all skills and resources to best effect, many of which are inter-dependable and therefore should not be considered in isolation. We should be mindful of considering any single role in isolation from the wide range of others who also play a key role in caring for people. It will require a holistic perspective based upon a clear strategic model for health and care across the board. This entails more than ‘only do what you can do’ but a wider shared responsibility for prudent healthcare outcomes. This includes professional skills and expertise, as well as the assets of patients, carers, volunteers and the third sector which are not currently being fully utilised.

It also demands that we target our workforce at those with greatest health need first to reverse the inverse Care Law and growing inequity. This all requires a different culture, mindset, model and way of thinking and working. It is a considerable task and will take time, courage and commitment by all to achieve the outcomes we all want. Professionals, professional organisations and the public will need to work together on this taking collective responsibility for doing what is right for these at the greatest need in Wales.

In answer to the question posed, ‘Do we have a prudent workforce?’ the evidence presented to the Commission suggests that this is currently not the case where the composition, competence, capability and capacity of the workforce is not best suited to support the prudent healthcare principles. For example, the current proportion of specialists versus generalists, prevention versus treatment, and acute versus community roles and responsibilities were questioned.

A workforce fit for prudent healthcare must be designed to address individual and population health needs, now and in the future. The NHS should not perpetuate existing roles and responsibilities for the sake of it, nor be afraid to try out and test new solutions. It should be supportive of change and open, flexible and responsive to new ways of working with others; patients, professionals or the public to best meet needs together, whether through existing, amended or new roles or new ways of working. Wales has a great opportunity to be a leader in this field. It will need to unshackle those things that hold us back and develop stronger leadership, direction, incentives and encouragement, exploring new ways of working together within and across professional and organisational boundaries, new roles and responsibilities and new ways of engaging people in their health and healthcare.

The NHS’ greatest asset is its workforce. This should be nurtured, trusted, supported and encouraged to help find better solutions themselves. There is a need to be more creative and innovative in developing the core, flexible skills and competencies of the future workforce to ensure a prudent approach to health is owned and delivered by all, staff, patients and the public. This is something we should address now.

*Lessons for transformational change: “In order to sustain transformational change, we as leaders need to move from a **burning platform** (fear based urgency) to a **burning ambition** (shared purpose for a better future) --- We as leaders need to articulate personal reasons for change as well as organisational reasons” (Bevan, H. 2014)*

In the longer term further work is needed to develop a vision for a Prudent Healthcare System for Wales based upon a social model of health. This would provide the basis to determine the nature and composition of a workforce that would best suit the effective delivery of health and healthcare in the context of that model and transitional workforce plan necessary to support this.

However a number of immediate actions should be undertaken to ensure we maintain momentum and ignite a burning ambition for sustainable prudent healthcare in Wales, where everyone is involved in and has responsibility for addressing the challenges ahead.

## 8.1 Recommended Actions

The Bevan Commission has identified the following actions some of which should be addressed immediately, with others dependent upon other factors, in the medium term. Alongside this, we would expect the outcomes of the next phase of this work to further inform more detailed proposals for longer term development.

### Immediate actions

1. **Develop a new vision and model of prudent healthcare for Wales**, based upon a social model of health, addressing its workforce needs in a sustainable and co produced way, consistent with prudent principles.
2. **Establish mechanisms to support joint, integrated health and social care workforce planning, delivery and training**, involving the public and informed by patients needs and joint outcome measures.
3. **Improve the collection and use of workforce data within IMTPs** to better inform the vision, strategic planning and related outcomes, including the use of modelling and publication of comparative data.
4. **Strengthen leadership, incentives and support for prudent healthcare transformational change which encourages change, testing and sharing new roles, responsibilities and ways of working**, utilising for example a Prudent Healthcare Transformation Fund and local drivers for change.
5. **Future proofed' core skills** should be developed and delivered as a priority, at pace and scale and in particular, digital skills, leadership and innovation. Prudent healthcare should be included in training at all levels (undergraduate, post graduate, CPD and induction) to ensure a full understanding of the principles and responsibility for their application.
6. **Health Boards and Trusts should encourage and support the workforce as agents and role models for change and innovation** within the system. Schemes such as the proposed Bevan Innovators should be adopted to recognise and reward leadership and innovation and a dynamic learning environment.

### Medium Term Actions

7. **Work co productively with professionals, their respective organisations and other bodies** to identify and negotiate opportunities to **change roles, responsibilities, national contracts and ways of working** in order to respond to **the social model of health and specific needs in Wales**.

8. **Local health needs assessments should be actively used to inform workforce plans and monitor public /patient outcomes;** particularly in addressing the complex, integrated and holistic needs of older people, treating greatest needs first and the workforce numbers, balance, skills and composition reflects this and associated outcomes.
9. **Co produce workforce transformation plans** with health and social care professionals and the public. This should be based upon local health and social care needs and integrated working across primary, secondary and social care and building upon the Social Services and Well Being Act 2014.
10. **Include the 'wider workforce'** within Local Health Board Workforce Plans and locality infrastructures, with greater opportunities to empower and support their engagement in the planning, training and delivery of services and key programmes.
11. **Fully explore and test out wider opportunities to attract and retain staff from and to the locality,** such as the proposed Talent Bank, mixed portfolio working, the Bevan Fellows and other incentives.

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