NHS Next Stage Review

Employment issues
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INTRODUCTION

In August 2008 the CSP published a member briefing on the Next Stage Review (NSR) which was a report on the NHS in England produced by health minister Lord Ara Darzi. The CSP briefing outlines the key elements emerging from the review process and the opportunities presented for physiotherapy and other AHPs to promote their combined and unique contributions to health and well being service delivery. A copy of the briefing, High Quality Care for All: a briefing for CSP members on the NHS Next Stage Review is available on the CSP website: www.csp.org.uk/uploads/documents/NSR01_final_v2.pdf and members are urged to read it.

The purpose of this follow-on CSP briefing is to provide CSP members with an initial overview of the potential employment implications of the Next Stage Review. It must be stressed however that the NSR is essentially about setting the government’s vision for the future of the NHS. Although there will be some central initiatives to help deliver this vision, the majority of the decisions on how it is to be implemented will be taken locally.

The key documents produced by the NHS on the Next Stage Review, and from which this Information Paper is drawn, are listed below with details on how to access both these and other relevant documents at the end of this information paper:


A High Quality Workforce: NHS Next Stage Review

NHS Constitution and accompanying handbook
POTENTIAL NEW TYPES OF EMPLOYER

The government sees community services having a crucial role in providing high quality, integrated services and improving health outcomes as well as shifting care closer to home. More collaborative working is to be developed working across primary, community and secondary care with local authorities and other partners including the independent sector. There is strong emphasis on the important role that AHPs will have to play in developing community services.

The proposals continue the Government’s policy of expanding the number of alternative providers involved in NHS services in order to introduce more ‘competition and contestability’ into the system. PCT staff have the ‘right to request’ to set up a social enterprise company. PCTs will be obliged to consider any requests and, if approved, support its development and award a contract to provide services for an initial period of up to 3 years. Where PCTs and staff choose to set up a social enterprise organisation, staff who transfer out of the NHS to work with this new non-NHS company can stay in the NHS Pension Scheme while they work wholly on NHS funded work. This protection will not apply to any future recruits to the social enterprise, nor in the event of it being subsequently taken over by the private sector. NHS staff transferring over when the social enterprise is first set up will also take their other NHS terms and conditions over with them, but there will be no automatic entitlement to any future improvements to these terms.

Other options for the future delivery of community services include:

- Retaining services within a PCT, as an ‘arms length’ provider unit
- Community foundation trust status
- Integrating services horizontally with a number of other PCT provider arms, or with local social care services
- Integrating vertically with an acute trust
- Delivering services out of expanded GP-led health centres or polyclinics
- Outsourcing services to the private sector

Each of these different models will have potentially different implications for CSP members as employees, which will need to be thoroughly explored locally and understood before decisions for change are made. The position of the Department of Health is that they are not prescribing from the centre which model is appropriate for a particular service, nor are they requiring community services to be outsourced either from the PCT or to providers outside the NHS. The emphasis is on local decision making, in which staff currently delivering the services, as well as other stakeholders, should be fully involved rather than being presented with a fait accompli.
By April 2009, PCTs should have ensured that their provider and commissioning functions are split so that the commissioning function has an arms length, contractual relationship with the provider function. By October 2009, following consultation with staff and trade unions, PCTs should have drawn up their business plans on how services will be changed to increase patient choice, improve the quality of services and provide competition and contestability. This may include options for new types of organisational forms.

The NSR Report also gives a clear commitment to making acute, mental health and ambulance trusts into NHS Foundation Trusts at a more rapid pace. Recent initiatives where some foundation trusts have shared the proceeds of their success with staff are welcomed and others are encouraged to do likewise. The example of Gloucestershire Hospitals NHS Foundation Trust is given where all staff were given a £100 bonus in 2007.

The role of GP practices is to be expanded. Over 100 new GP practices are to be established and a total of over 150 GP led health centres (also referred to as polyclinics) are to be created across England to supplement existing services. The latter will be open from 8 am to 8 pm seven days a week as walk in centres. The intention is to provide a broader range of services including diagnostic, social care and healthy living. A quarter of the contracts for the centres announced by January 2009 have been won by private companies or groups led by the independent sector.

NEW AND EXPANDED ROLES

The NSR highlights future roles for AHPs in leading the health promotion agenda, shifting care closer to home, managing long term conditions and helping people to return to work. The Report acknowledges that the range of knowledge, skills and competencies of AHPs are not widely or fully understood and stresses that their potential to take on new and varied roles is not always maximised. Examples of the kind of healthcare areas where these new opportunities for AHPs may arise are:

- Self-referral: the NHS Operating Framework 2009/10 highlights improvements to patient outcomes and satisfaction and reduced demand elsewhere in the service which is brought about by self-referral to physiotherapy and other AHP services. PCTs are to promote the use of such models to their local populations where appropriate. This is a direct result of sustained CSP campaigning on self-referral over a number of years.
- Increased emphasis on health promotion and educating the public.
- Reduce Your Risk Campaign, to be launched in 2009, will focus on smoking cessation, health weight, increase in exercise.
- Integrated Fit for Work Services are being introduced in primary and community care to help people return to work faster.
Patients with long term conditions will be able to take more control of their own healthcare through personal care plans to be developed, agreed and reviewed by the patient and an identified lead professional who could be a physiotherapist.

TRAINING, DEVELOPMENT AND LEADERSHIP
The need for better, more transparent and more equitable support for training and development throughout the service is recognised in the Next Stage Review. This includes training and development for staff in bands 1 to 4. There are assurances that the NHS will develop explicit career pathways to make career progression clearer, easier and more flexible, accompanied by appropriate training and CPD opportunities. Staff are expected to take up training and development opportunities provided which must be sensitive to their personal needs.

These improvements will be brought about by:

- Education and training funding will become fairer and more transparent with the MPET budget being replaced by a tariff based system where funding follows the trainee.
- Every organisation that receives central funding for education and training will have to adopt the Government’s Skills Pledge and publish its annual expenditure on CPD including information on access and quality. Organisations must promote equality of access to CPD.
- The use of e-learning will be promoted and encouraged. A one stop portal will be established for staff to provide easier access to information about how to develop and deliver high quality care.
- The role of NICE will be enhanced to manage the collation and spread of knowledge through the NHS Evidence web portal. NICE will set up a fellowship programme and encourage frontline clinicians to apply.
- All staff will have clear roles and objectives, an annual appraisal and professional development plans using the KSF.
- Current funding arrangements for student placements will be replaced by a system of tariffs to help secure high quality placements including ones in new settings.

The Report notes that in the past clinicians’ roles have often been limited to that of practitioner, but they need to be encouraged to act as partners and leaders. Leadership development will be an integral part of future careers programmes. Postgraduate education and appraisal processes will reflect the importance of learning leadership skills, combined with other initiatives such as the development of
new standards in healthcare leadership, to be introduced via a Leadership for Quality Certificate.

**GREATER REGULATION OF HEALTH WORKERS**
The Report notes that many professions and healthcare workers are not currently regulated by statutory professional regulators. This is needed to ensure public safety and maintenance of workforce standards.

The Department of Health will be looking at future regulation including which occupational groups should be included, and who will regulate them – will this be by local supervisions, employer based regulation or statutory professional regulation?

Physiotherapy assistants could be included among those groups of staff most likely to be regulated in future. This could enhance the status of these staff but there would be concerns if this group of lower paid workers had to contribute to the costs of the regulation process.

**STAFF ENGAGEMENT AND PARTNERSHIP WORKING WITH TRADE UNIONS**
The emphasis throughout the Report is on enhanced and increased partnership working both within and between NHS organisations and with external bodies such as local authorities, alternative providers, HEIs and local employers. There is increased emphasis on the importance of better involvement of frontline clinicians in a number of areas including commissioning, workforce planning and developing alternative models of service provision.

The new NHS Constitution will set out the principles and values of the NHS and the rights and responsibilities of patients, the public and NHS staff. The Constitution contains four pledges for staff:

- Provide all staff with well-designed, rewarding jobs that make a difference
- Provide all staff with personal development, access to appropriate training and line management and support to succeed;
- Provide support and opportunities for staff to keep themselves healthy and safe;
- Actively engage all staff in decisions that affect them and the services they provide, individually and through their representatives.

Each pledge is backed up by an explanation in the accompanying *Handbook to the NHS Constitution* of how it will be enforced and where to seek redress. The
Government makes clear in the accompanying explanation that the pledges are not legal rights but are commitments that the NHS will strive for in order to achieve certain outcomes or objectives. All organisations providing NHS services will be obliged by law to take account of the Constitution in their decisions and actions.

The Next Stage Review report is noticeable for the absence of its reference to the role of trade unions, but the handbook to the new Constitution will highlight the value attached by government to partnership working with trade unions. This point is reinforced in a key document on community services published by the Department of Health in January 2009 ‘Transforming Community Services’. A joint trade unions guide for staff sides on this specific initiative has also been produced – see section “Further Reading” at the end of this Information Paper.

**ASSESSMENT PROCESSES**

To assist patients to make informed choices about their care, information provided by NHS organisations will include data on cleanliness, infection rates and patients’ own experiences of how they are treated by NHS staff.

All health care providers working for or on behalf of the NHS will publish Quality Accounts from 2010 in the same way as they publish financial accounts. This information will include safety, patient experience and outcomes. A national set of quality measures will be devised working with patients, the public and staff, starting with acute services in December 2008 and community services in 2009. Payments to hospitals will be conditional on achieving a good standard of quality of care as well as volume of treatments. This will also form part of future commissioning contracts.

In another potentially important change for the future, the results of the annual NHS Staff Survey will be also used as an indicator in the evaluation of NHS trusts

**HEALTH AND SAFETY**

In addition to an increased emphasis on patient safety and the role of all staff in helping to improve this, the NHS Constitution pledges that the NHS will strive to provide support and opportunities for staff themselves to keep healthy and safe. This will be achieved by a number of initiatives, some already in existence, including:

- the development of lifestyle management programmes to help staff improve their physical and mental well-being;
- tackling stress, bullying and harassment in the workplace
- requirement of trusts to prevent violence against staff where possible.
WORKFORCE PLANNING

Workforce planning will be devolved down to local level to a greater extent than currently. PCTs will be responsible for producing plans for the local health economy and service providers will have to demonstrate that they have the workforce to meet service requirements including training, development and strategic change. SHAs will put these plans into a single regional plan to include education commissioning and quality assurance. These plans will be sent to a new national Centre of Excellence for analysis and scrutiny by national and regional professional advisory boards.

POTENTIAL EMPLOYMENT IMPLICATIONS FOR MEMBERS

- If the vision in the Next Stage Review is followed through, there should be more opportunities for AHPs to take on new roles, including leadership roles and to develop new ways of providing services and enhancing patient choice, for example by the development of self-referral schemes.

- The recognition of the need for greater involvement by all clinicians in local planning processes is also to be welcomed, providing employers match the commitment with appropriate encouragement and support on the ground. Increasing anecdotal evidence of the shortages of senior clinicians and loss of AHP leadership posts in some areas does raise questions about whether there will be sufficient numbers of experienced and well placed AHPs available to engage proactively at both senior levels within a trust - influencing future decisions on service delivery, workforce planning and education commissioning - and with commissioners themselves.

- While some members may welcome the opportunity to deliver services in very different employment contexts, the expansion of alternative providers and increased competitiveness could lead to growing numbers of employers seeking to break away from nationally negotiated pay and terms and conditions of employment. There are potential risks attached to some of the options in terms of increased professional isolation, more fragmentation, reduced access to HR expertise and greater challenges for stewards and safety reps in organising, supporting and consulting with their CSP members. Job security may also be put at risk if, for example, a social enterprise company fails to thrive and loses its contract to provide services to the NHS. These are all important issues and will need to be fully thought through in order to protect members’ legitimate employment interests, alongside the potential benefits of running services in different ways.
• The decision to allow continuing access to the NHS Pension Scheme for staff transferring to social enterprise organisations is to be welcomed but the fact that this benefit will not apply to future recruits raises the prospect of two tier pension arrangements developing, even among staff working in the same team.

• Expanded opening hours for GP led health centres/polyclinics will impact on working arrangements of members in these employment areas. The challenge will be to achieve best fit between service users’ preferences for better access to services and staff needs for flexible working and work life balance.

• Greater access to learning and CPD opportunities are to be strongly welcomed. The publication of information about how training funding has been spent will provide an opportunity for CSP stewards, managers and members to analyse and ask pertinent questions about the amount of funding being provided for physiotherapy staff. Easier access to web based information and learning is also welcome, but this must be accompanied by better access to IT in the workplace. Greater commitment to annual appraisals and professional development should also enhance the learning and development opportunities for physiotherapists.

• The new assessment procedures will provide staff with an annual opportunity to report on their treatment by their employer in a way in which should ensure that employers will want to take action to remedy any problems, particularly if poor results will affect their income.

• Patients will have the opportunity to report on their experiences, presenting opportunities for members to argue for additional resources in order to improve the patient experience, where there is evidence to support this. Equally it will be important for employers to ensure that factors outside the control of clinicians, which lead to negative reports from patients, are not reflected back on staff.

• The proposed improvements to the health and safety of patients and staff are to be welcomed. To make this happen, appropriate resources and procedures will need to be in place to ensure that staff are able to work in a safe environment and that any concerns or problems raised will be dealt with swiftly and effectively and resolved. Staff must feel able to report incidents of concern without fear of negative consequences and training will be essential if these objectives are to be met.
NEXT STEPS FOR CSP MEMBERS AND REPRESENTATIVES

The NSR sets out the vision for local implementation of its recommendations and so members should soon start to see increasing local activity in many or all of the areas outlined above.

As well as engaging actively as clinicians to try to influence the way in which the Next Stage Review is implemented at local level, CSP members are strongly advised to alert local CSP stewards if they are aware of proposals under discussion which may have significant employment implications. Although ministers and the Department of Health are stressing the need for effective partnership working with trade unions at both local and regional level, this may not happen automatically in all areas.

Stewards and safety representatives are advised to:
- Ensure that they are aware of any local plans to implement the NSR which may potentially impact on the pay, terms and conditions, and working arrangements of members;
- Make sure they take part in any relevant partnership discussions involving the local Staff Side;
- Keep in close touch with members throughout these discussions;
- Feed back their experiences to the CSP via their Senior Negotiating Officer

HOW CSP WILL SUPPORT YOU

- CSP officers will continue to be fully involved in national level discussions on the workforce implications of the NSR through the English Social Partnership Forum and via direct dialogue with other stakeholders such as Department of Health, Allied Health Professions Federation.
- The outcomes of these national level discussions and any further relevant guidance issued by the Department of Health or NHS Employers will be disseminated to members via local CSP representatives.
- CSP officers will support local representatives to assist members through change, through CSP training and the provision of direct advice.
- Using the feedback from local representatives, the CSP will monitor and assess developments on the ground and help members share their experiences via the CSP website, Frontline, interactive CSP and other communications channels.
- Further CSP briefings on the NSR will be produced as developments occur including a briefing on alternative providers.
FURTHER READING
Information about the NSR can be accessed via the following CSP webpage:
www.csp.org.uk/director/members/newsandanalysis/briefings/NHS%20Next%20Stage%20Review.cfm

DEPARTMENT OF HEALTH PUBLICATIONS
The following publications can be accessed via:

High Quality Care for All: NHS Next Stage Review Final Report: June 2008
A High Quality Workforce: NHS Next Stage Review: Department of Health: June 2008
Framing the contribution of allied health professionals: delivering high quality healthcare: October 2008

NHS Next Stage Review: Our vision for primary and community care: June 2008
NHS Next Stage Review: Our vision for primary and community care: what it means for nurses, midwives, health visitors and AHPs: June 2008

NHS Constitution: January 2009
Handbook to the NHS Constitution: January 2009

Transforming Community Services: enabling new patterns of provision: January 2009

CSP PUBLICATIONS
http://www.csp.org.uk/director/members/newsandanalysis/news.cfm?item_id=9D7DD1A5B36AC96FE8D2D88C5F53CF0E
High Quality Care for All: a briefing for CSP members on the NHS Next Stage Review: August 2008
SHA Vision Synopsis: What are the SHA visions and why are they important? August 2008

Transforming Community Services: a trade union guide (produced by joint unions including CSP) February 2009