HEE Strategic Intent - Response from the Chartered Society of Physiotherapy

Introduction

1. The Chartered Society of Physiotherapy (CSP) welcomes the opportunity to comment on the strategic intent identified by Health Education England (HEE) for 2013/14. In responding, we reiterate points that we have made previously in contact with HEE, in relation to the authorisation process for local education & training boards (LETBs), in responses to previous consultation exercises (including that of the Health Select Committee on education, training and workforce planning), and in contact with the Centre for Workforce Intelligence (CfWI).

2. We would value the opportunity to discuss our points with HEE through strengthened links with the organisation, both on a uni- and multi-professional basis.

3. While supporting HEE's broad strategic intent, we have some concerns about how all the priorities and aims will be realised and how risks will be mitigated. We also believe there are ways in which we could make a strong contribution to HEE activity in implementing its actions.

Overarching comments

Broad ethos

4. We support the overarching ethos of the HEE strategic intent document and the identified priorities. In particular, we welcome the emphasis on the following:

- Achieving an approach to workforce planning that matches supply with demand, and that recognises establishing demand has to be focused on projecting future population and patient care needs and working back in terms of the services required to meet these, the workforce required to deliver these, and the education and support for continuing professional development (CPD) required to create a capable, caring, responsive, sustainable workforce
- Attending to issues of skills, behaviours and values to ensure the workforce has the capacity to deliver truly patient-centred, compassionate care, in ways that actively address the recommendations of the Francis report
- Widening participation to ensure that the health and social care workforce reflects the population groups that it serves
- Supporting the workforce to develop and enact the skills required to embrace research and innovation in developing, leading and delivering services.

Areas of concern
5. While supporting the strategic intent's ethos, we have some concerns about how the aims will be realised. Our broad areas of concern are summarised in the points below. We then raise specific concerns in relation to the priority areas.

AHP voice
6. There is a distinct risk that physiotherapy and the allied health professions (AHPs) collectively will not have a sufficient voice in HEE's and LETBs' progression of their approaches to workforce planning. This has the danger of the value and importance of the contribution of AHPs not being realised in relation to strategic decision-making to ensure that workforce supply meets demand. It also risks other, larger professions having a disproportionate and skewing influence on how decisions are made.

Full data
7. There is the real risk that insufficient account will be taken of the full extent of workforce demand. This is compounded by ambiguities in the strategic intent document about the extent of employment/service sector needs that must be met through rigorous approaches to workforce planning. We believe that account must be taken of the following:

- The increasing integration of services across health and social care
- Increasing workforce needs within public health (including as local authorities take lead responsibility for meeting these)
- The increasing diversity of providers through which care will be delivered (with an increasing number of private and other providers delivering both NHS-funded and non-NHS-funded care).

All these factors mean that a simple focus on NHS workforce needs risks producing an increasingly partial picture of workforce demand and therefore of creating an insufficient workforce to meet actual demand.

Workforce planning models
8. We strongly support an approach to workforce planning that looks at workforce needs arising from patient care and service delivery, including in ways that review skill mix and workforce needs within particular patient pathways and specialities - and therefore on an integrated, multi-professional basis, rather than on a profession-by-profession one. At the same time, we recognise the challenges that this approach generates. We remain concerned that more piecemeal approaches to workforce planning at a local level will persist, informed by incomplete data (see point 7). We are also concerned that without sufficient input from AHPs, both at HEE level and within LETBs, there will be a disproportionate focus on medical and nursing workforce needs, rather than looking at total needs in an integrated way. We recognise CfWI's central role in progressing new approaches to workforce planning, and have indicated our keenness to work with the Centre to explore inter-professional projections of future workforce need based on patient pathways and specialties.

Widening participation

9. Recent trends in commissioning decisions have led to a reduction in programmes that overtly address the widening participation agenda. Within physiotherapy, it is precisely the kinds of part-time, work-based routes that enable existing support worker staff and those with 'non-standard' educational backgrounds to progress to qualification as a physiotherapist that have been decommissioned. While we welcome HEE's strategic advocacy for such programmes, a considerable amount of educational expertise and established infrastructure for such approaches to curriculum development and delivery has been eroded. This will need to re-established to provide flexible routes to qualification again.

Research and knowledge transfer

10. We strongly advocate the need for continued and strengthened links between education and research, to support innovation in practice and swift knowledge transfer to benefit patients. However, we are concerned that the substantial progress that has been made over recent years in creating a more solid base for AHP education and research provision in universities is at potential risk. Again, this heightens the need for AHPs to be supported in gaining a strong voice and involvement in LETBs and the emerging academic health & science networks (AHSNs), and the need for HEE to recognise the significance and impact of parallel developments in the higher education sector in England. Increasing institutional competition in the university sector, and resulting re-positioning, threatens to erode the substantial progress made to date.

11. Particular consideration needs to be given to how factors working against a strengthening of education, research and practice links can be minimised and the opposite achieved. This includes through HEE requiring LETBs to demonstrate commissioning decisions that support the development and maintenance of sustainable, long-term approaches to producing the future workforce and the development and delivery curricula that promote inter-professional learning and teaching, underpinned by inter-professional research and a rich variety of service collaborations.

Proposed strategic priorities

12. We set out below the ways in which we believe we can contribute to HEE activity, particularly building on our own activities as a professional body and our collaborative work with other AHP organisations and HEIs. We also highlight where we see the risks identified above as being in danger of impacting negatively on addressing specific strategic aims.

Excellent education

13. We strongly support the strategic aims in this domain. We are keen to work with and support initiatives to strengthen arrangements to ensure the provision of sufficient, high-quality practice education placements for students. At the same time, we challenge the apparent assumption that only 'NHS organisations' should be the providers of placements. We are keen to ensure that all service providers contribute to delivering placements and that students have the opportunity to learn within the breadth of sectors and settings

(across health, social care and public health) that reflect where they will practise on qualification.

14. We recognise the importance of providing support and recognition to clinicians that act as practice educators to students on placement. We have an established CSP accreditation scheme ('ACE'), which has been mirrored by several other AHP member organisations. We would be keen to share how we have enacted the scheme and the benefits this has brought, and how its approach might be extended. We would also be keen to share our wider approach to exercising our quality assurance and enhancement (QAE) role. This supports innovation in educational design, promotes professionalism, and has a particular focus on working collaboratively with programme providers to ensure their responsiveness to changing patient, service and practice needs.

15. We strongly support the recognition of the imperative of career-long education, both for qualified practitioners and support worker staff. Again, we have a well-established approach to supporting all our members' CPD that seeks to maximise opportunities for learning and development through an outcomes-based approach. Again, we would be keen to share this.

16. We are particularly concerned to see a commitment to stronger investment in supporting the CPD of the whole workforce. This needs to be a focus of LETBs, with sufficient recognition given to the breadth of areas in which individuals need to maintain, update and enhance their knowledge and skills (e.g. including in areas relating to clinical leadership, financial and planning skills, as well as in areas of advanced clinical practice) to contribute to service evaluation, re-design and delivery.

17. We have particular concerns about the lack of investment in the education and CPD of support worker staff. We are keen to gain an involvement in HEE activity to address the Francis report recommendations and the outcomes of the Cavendish review. Our response to the Cavendish review can be accessed via the following link: http://www.csp.org.uk/documents/evidence-submitted-cavendish-review

Competent and capable staff

18. We welcome the proposed key action being around addressing the needs of an ageing population and patients with increasingly complex and long-term conditions, including through a particular focus on dementia. Again, we are keen to ensure that initiatives in this area are progressed in ways that genuinely promote patient-centred care, inter-professional collaboration and understanding of respective roles and contributions, and that encourage innovative approaches to service re-design and delivery.

19. We are keen to be involved in this area to enhance the quality of care to patients and to ensure that different professions' contributions and service models are maximised to achieve quality improvements for patients.

Widening participation

20. We strongly support the strategic aim and key action to address the widening participation/entry to the professions agenda. As indicated above, we are particularly concerned to ensure that expertise developed in the delivery of non-standard pre-registration programmes in physiotherapy is used. It seems essential that HEE actively encourages LETBs to look to commission programmes that pursue innovative approaches to student recruitment and patterns and routes of study. This is important both to ensure the professions reflect the population groups that they serve and that equality of opportunity is progressed.

Flexible workforce responsive to research and innovation

21. We strongly support the strategic aim to ensure that the workforce is enabled to develop the knowledge and skills required to engage in evidence-informed practice and service improvement and to embrace innovation and use of new technologies to optimise the quality, accessibility and cost-effectiveness of patient care. We also see that support for the whole workforce to develop and have the opportunity to demonstrate clinical leadership needs to underpin this. In addition, we see it as vital that AHPs continue to be supported in having access to clinical academic research initiatives to sustain the professions' development and use of research in practice.

22. We are concerned that AHPs are enabled to have a sufficient voice in emergent structures to achieve this, particularly in relation to AHSNs and LETBs. We are also concerned that the scale and pace of change is putting at risk stronger collaboration between HEIs and increasingly diverse service providers, and between education and research within individual HEI structures. We see the creation of stable, sustainable, inclusive arrangements for onward development and collaboration as key. We therefore see it as essential that LETBs are required to take a long-term view in their commissioning decisions.

Ensuring a workforce with the right numbers, skills and behaviours

23. We support an approach to workforce planning that seeks to match workforce supply with demand through long-term projections of population and patient need. We also support approaches that actively promote inter-professional approaches and working to optimise how patient needs can be met, including through use of appropriate approaches to skill mix review.

24. However, we remain concerned about the following:

- Workforce planning decisions must be informed by full data on current and projected demand from all those that draw on the health and social care workforce
- Projections of workforce demand have to take account of the full range of occupational roles and activities that are necessarily undertaken within and by the professions (relating to education, research, management and leadership, in addition to direct contact with patients) to develop, deliver and sustain high-quality, cost-effective services

- Modelling approaches are not yet well established or in use to underpin such an approach to workforce planning (although we recognise that this is the intended approach of CfWI 'horizon-scanning' activity)
- Sustaining such an approach to workforce planning must be predicated on addressing and supporting the CPD of the existing workforce (both qualified and support worker), and cannot simply be focused on producing the professional workforce of the future.

25. Again, we are keen to have input to HEE and the CfWI on how different approaches can be pursued in the way, and for the reasons, outlined.

NHS values and behaviours

26. We support the strong emphasis on professionalism and ensuring that all members of the health and social care workforce demonstrate the values and behaviours required to deliver and lead patient-focused, compassionate care, within which the needs and interests of patients are always put first.

27. We are keen to be involved in activity to progress this focus, particularly to ensure that the recommendations of the Francis report are addressed. We would be keen to share our own established approach to professionalism for all our members, as expressed in our *Code of Professional Values and Behaviour* (CSP, 2011) and related resources, and how, in turn, this is embedded in how we enact our QAE role and our approach to CPD.

28. While we strongly support the need to ensure that all those admitted to and who graduate from health and social care pre-registration programmes demonstrate the aptitude for compassionate care, a cautious approach needs to be taken to how these qualities are measured. Clearly testing approaches need to be reliable, rigorous and fair.

29. We are also concerned to ensure that the emphasis is on achieving a culture of compassionate care within all health and social care settings - to which students and qualified/support worker members of the workforce are able to contribute, including in terms of clinical leadership and peer review - rather than an assumption being made that the solution to issues raised by the Francis report is simply to ensure the 'right' people are recruited to the professions and by employers.

Summary

30. We welcome the opportunity to indicate where we are supportive of the HEE's strategic aims and intended actions, where we have areas of concern, and where we are keen to have an on-going involvement and to share our approach and resources.

31. We recognise that HEE has a considerable task in progressing its role and overseeing that of the LETBs in the first year of being fully operational. In terms of strategy beyond the transition phase, we see the following occur as being of key importance:

- The success and impact of new arrangements and actions need to be thoroughly evaluated against the strategic priorities and aims, with required re-direction swiftly identified and enacted
- Workforce planning becomes thoroughly aligned to other strategies and commissioning processes, and is undertaken in ways that ensure workforce supply more effectively matches demand (in line with changing population, patient and service need), including in ways that achieve and maintain high-quality, cost-effective patient care
- The range of concurrently new structures and processes do become appropriately aligned and integrated in their approach (e.g. the LETBs and AHSNs), including in ways that give all stakeholders, including patients and all professions, an appropriate voice
- Particular consideration needs to be given to the range of factors that can be considered risks to realising the aims (e.g. particularly relating to increasing fragmentation, competition and financial constraint) and how these will be mitigated
- The value of developing a stronger infrastructure for AHP post-registration learning and development to enable education provision to be more strongly aligned with skill mix, service and CPD needs at all levels of the workforce (including advanced practice roles).

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