

Report on behalf of Dr Adrian Brooke, Deputy Postgraduate Dean and
Secondary Care Dean, Health Education England working across East Midlands

Report to	Health Scrutiny Committee for Nottinghamshire
Date:	12 January 2015
Subject:	Health Education England, East Midlands – Nottinghamshire Workforce Development

Summary:

Health Education England's remit and function across the East Midlands is to:

- Provide national leadership on planning and developing the healthcare workforce
- Promoting high quality education and training that is responsive to the changing needs of patients and local communities including responsibility for ensuring the effective delivery of important national functions such as trainee national recruitment
- Ensuring security of supply to the health and public health workforce
- Allocating and accounting for NHS education and training resources and the outcomes achieved

HEE working across the East Midlands undertakes a variety of activities to support development of a skilled healthcare workforce to meet the needs of the population of Nottinghamshire. Education of the workforce is commissioned with Trusts and local Universities and ongoing review of training is taking place to align the share of trainees to the proportionate needs of the population of Nottinghamshire. In addition, HEEM is developing fellowships with partners in Nottinghamshire to improve recruitment and increase retention of the healthcare workforce locally.

Action Required:

The Health Scrutiny Committee for Nottinghamshire is asked to consider and comment on the contents of the report.

1. Background

Health Education East Midlands is part of Health Education England (HEE), a non-departmental public body constituted to train the future healthcare workforce. This includes non-qualified staff, nurses, associated health professionals (AHPs) and Doctors. Its agenda for training and workforce development follows from the HEE Mandate (*Delivering High Quality, Effective, Compassionate Care: Developing the Right People with the Right Skills and the Right Values - A Mandate from the Government to Health Education England: April 2015 to March 2016*), issued by the UK Government, and refreshed recently to reflect the emerging challenges to the health and wellbeing of the

population of England. The mandate to Health Education England is available on the following website: -

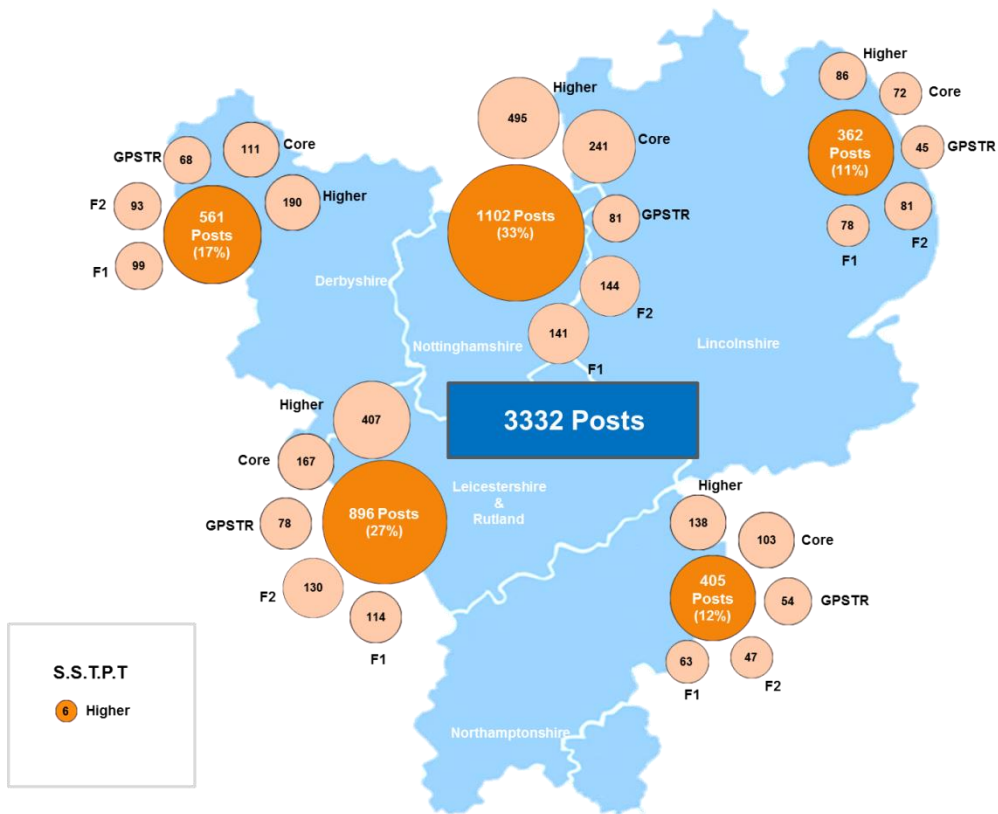
<https://www.gov.uk/government/publications/health-education-england-mandate-april-2015-to-march-2016>

Health Education England receives £5 billion to train Healthcare staff across England. From this total, HEE receives approximately £360 million to train staff in the East Midlands.

From the East Midlands total, Nottinghamshire receives £64 million funding via the established learning development agreements negotiated with the County's trusts/providers.

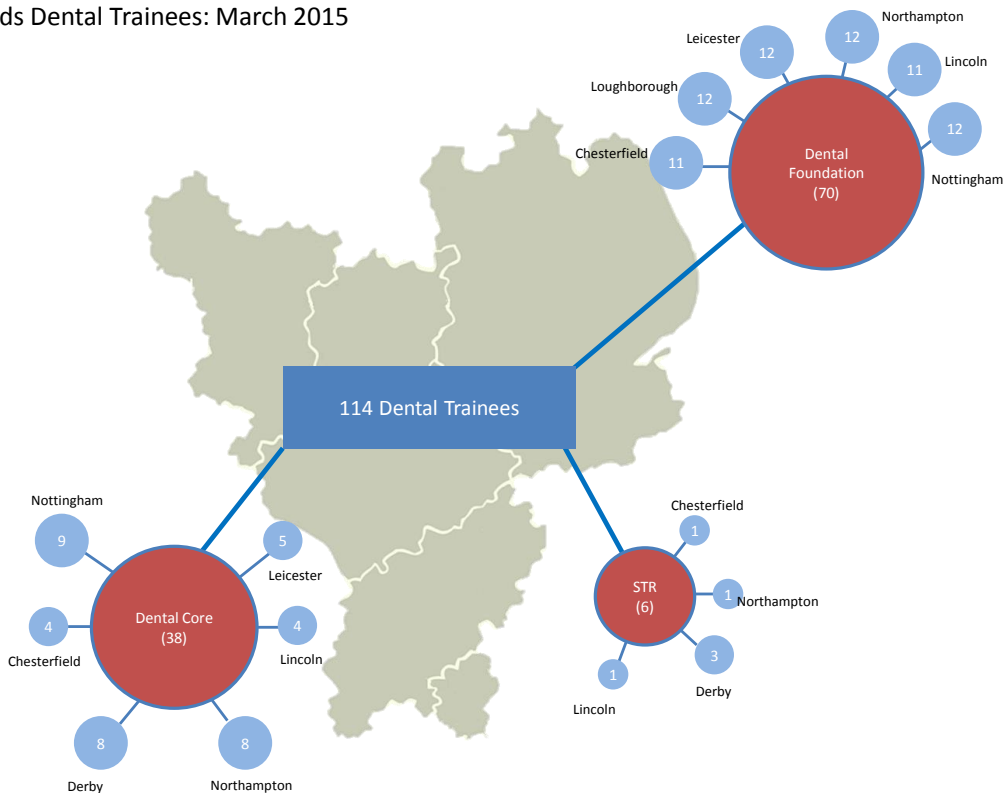
In addition, approximately £40 million of bursary monies spent across East Midlands training and funding healthcare students. It is not possible to attribute a specific proportion of the total to Nottinghamshire.

The total number of medical trainees for East Midlands as a whole and the numbers designated for Nottinghamshire are shown in figure 1.

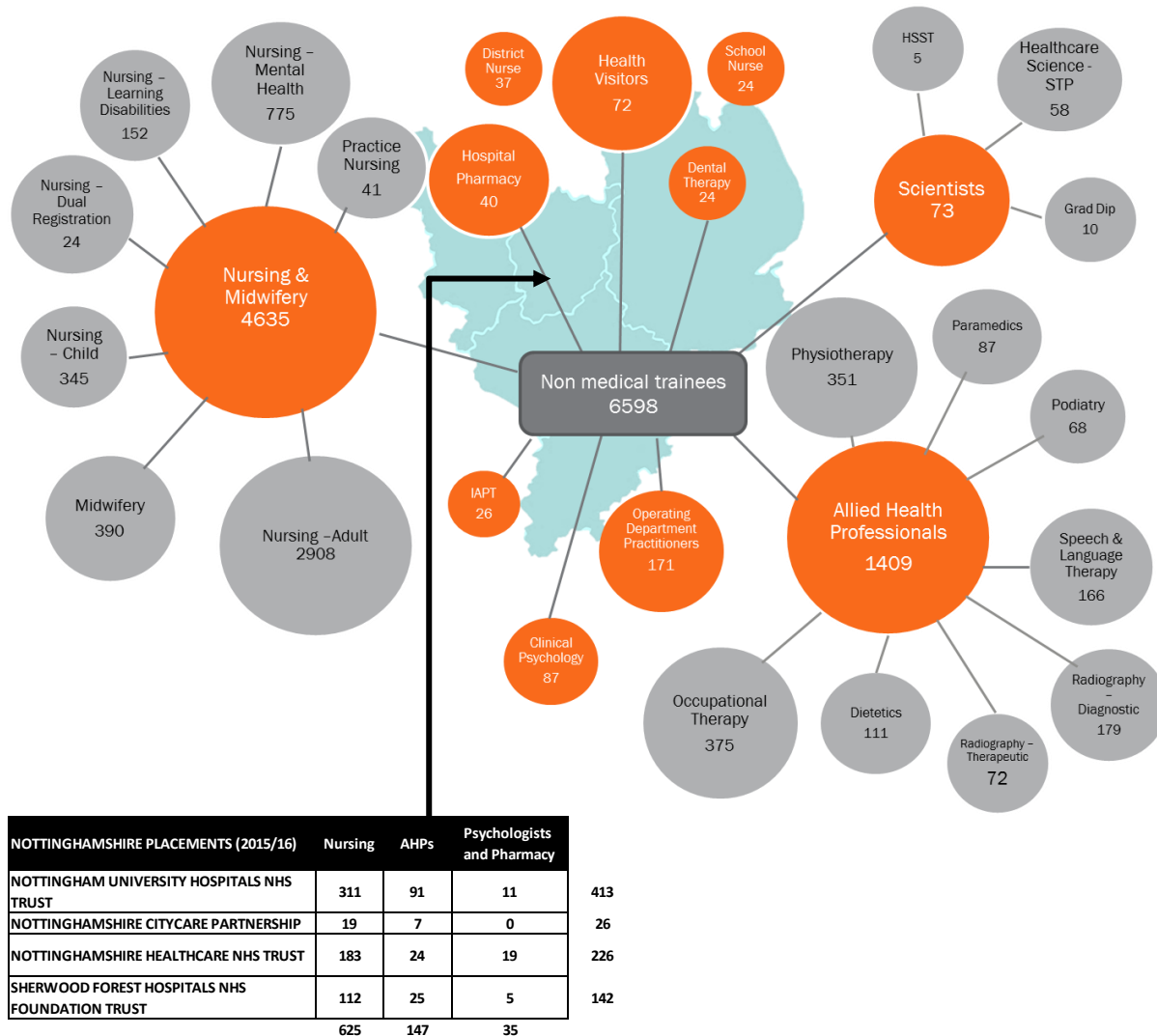


The total number of dental trainees for East Midlands as a whole and the numbers designated for Nottinghamshire are shown in figure 2.

East Midlands Dental Trainees: March 2015



The total number of non-medical trainees for East Midlands as a whole and the numbers designated for Nottinghamshire are shown in figure 3. It can be seen that non-medical trainees include nurses, AHPs (therapists), paramedics, psychologists and pharmacists.



HEE East Midlands is currently engaged with a major redistribution project looking to put medical trainees in the future closer to the present disposition of the population. This will result in redistribution of some trainees from Nottinghamshire and Leicestershire to the other counties of East Midlands which are currently under served by this section of the medical workforce. Plans for this change are currently being developed and will require development of alternate workforce solutions using physician associates, advanced care practitioners and others in association with the local providers. Indicative numbers for the redistribution of core medicine and surgery trainees are detailed below.

Medical Trainees									
Trust Code	Trust Name	Number of allocated posts	Number of filled posts	% of filled posts	% of Selected Activity Medical Specialities (FAE/OP Proc / OP Attendances) and A&E (weighted)	Number of vacancies	% vacant	Allocation of Posts based on share of Selected Activity	Difference to current allocation
RFS	Chesterfield Royal Hospital NHS Foundation Trust	8	5	62.5%	6.5%	3	37.5%	12	4
RK5	Sherwood Forest Hospitals NHS Foundation Trust	10	9	90.0%	8.6%	1	10.0%	16	6
RNQ	Kettering General Hospital NHS Foundation Trust	11	11	100.0%	6.3%	0	0.0%	12	1
RNS	Northampton General Hospital NHS Trust	23	21	91.3%	9.1%	2	8.7%	17	-6
RTG	Derby Hospitals NHS Foundation Trust	15	12	80.0%	11.8%	3	20.0%	22	7
RWD	United Lincolnshire Hospitals NHS Trust	25	24	96.0%	15.5%	1	4.0%	29	4
RWE	University Hospitals Of Leicester NHS Trust	41	33	80.5%	22.2%	8	19.5%	41	0
RX1	Nottingham University Hospitals NHS Trust	51	46	90.2%	20.0%	5	9.8%	37	-14
East Midlands		184	161						
Surgical Trainees									
Trust Code	Trust Name	Number of allocated posts	Number of filled posts	% of filled posts	% of Selected Activity Surgical Specialities (FAE/OP Proc / OP Attendances) and A&E (weighted)	Number of vacancies	% vacant	Allocation of Posts based on share of Selected Activity	Difference to current allocation
RFS	Chesterfield Royal Hospital NHS Foundation Trust	3	2	66.7%	7.0%	1	33.3%	6	3
RK5	Sherwood Forest Hospitals NHS Foundation Trust	8	6	75.0%	9.5%	2	25.0%	8	0
RNQ	Kettering General Hospital NHS Foundation Trust	4	4	100.0%	6.6%	0	0.0%	6	2
RNS	Northampton General Hospital NHS Trust	8	8	100.0%	9.1%	0	0.0%	8	0
RTG	Derby Hospitals NHS Foundation Trust	12	10	83.3%	14.4%	2	16.7%	13	1
RWD	United Lincolnshire Hospitals NHS Trust	3	3	100.0%	15.8%	0	0.0%	14	11
RWE	University Hospitals Of Leicester NHS Trust	24	22	91.7%	20.1%	2	8.3%	18	-6
RX1	Nottingham University Hospitals NHS Trust	26	22	84.6%	17.5%	4	15.4%	15	-11
East Midlands		88	77						

We have also invested in programmes to support recruitment to East Midlands. Money from shortfalls in recruitment is being put into a comprehensive fellowship programme. These include:

- Education Fellows, to improve the reputation and standard of medical education across Nottinghamshire;
- Management Fellows, to help improve quality and safety of patient care and integrated care fellows, to pioneer new ways of learning by working with patients across the traditional silos of acute, community and primary care.

This latter approach is likely to be the model which NHS vanguard sites will pursue to deliver the Five Year Forward View proposed by Simon Stevens, the Chief Executive of the NHS in England. The following table sets out the details of the Nottinghamshire Vanguards and the current workforce issues:

LETB: East Midlands	Vanguard: Principia (Rushcliffe) Multispecialty Community Provider
<p>Summary of Vanguard: Principia is constituted as a Community Interest Company and has three stakeholders classes: Rushcliffe GP practices; Rushcliffe community services providers; and the 126, 000 registered population of Rushcliffe. GP practices in Rushcliffe have come together and are establishing a new and unique primary care partnership and organisation, which will lead on and indeed own the transformation of general practice and develop the progressive model which will be the base component and platform of the MCP. Principia and Partners Health will also be joined by health and social care partners who have committed their enthusiastic support as part of our local South Nottinghamshire transformation work. NHS Rushcliffe CCG is the sponsor, and the programme has the support of the patient and voluntary sector groups, which represent the local population. The proposal is to establish an MCP defined by a culture of mutual accountability, commitment and pride. This will accept contractual</p>	

responsibility for the health, and the quality and costs of care for the local population within the capitated resource allocated. This will be achieved through a new model of integrated care which is focussed on early intervention, living well at home and avoiding unnecessary use of the hospital. The impact will be a reduction in fragmentation, delays, duplication and inefficiencies experienced by patients and carers. Care will be delivered closer to patients' homes resulting in an enhanced experience and improved clinical outcomes, and better use of available resources. The MCP will move to have a capitated outcomes based contract which will cover health and social care.

Overview of workforce issues

Designing new care models – workforce redesign/transformation already underway

- Rotation posts including Therapy rotations
- Advanced Clinical Practitioners roles and opportunities for non-medical prescribing
- Staff working with care home staff and providing them with training when required.
- District Nursing cover 7 day a week.
- GPs providing a service at front door of ED

Designing new care models – supporting innovation

- Delivering workforce innovation to support transformation and new models of patient care.

LETB: East Midlands

Vanguard: Mid-Notts
Primary and Acute Care Systems

Summary of Vanguard:

The Better Together Programme Board partners are: Mid Nottinghamshire Clinical Commissioning Groups (Mansfield and Ashfield and Newark and Sherwood CCGs); Aspirant Accountable Provider Alliance (Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University NHS Trust, United Lincolnshire Hospitals NHS Trust, East Midlands Ambulance Service, Nottinghamshire Healthcare NHS Trust, Central Nottinghamshire Clinical Services, Circle); Voluntary Sector Special Purpose Vehicle (three District Council CVSs); General Practice Provider Clinical Cabinet (facilitated by the Local Medical Committee); Nottinghamshire County Council. This PACs will deliver a whole system integration of hospital, community, social and primary care within a single outcomes-based capitation contract. This will move from predominately reactive hospital-based system of urgent care, to one of home-based proactive care. Specific service interventions include a single front door and integrated triage at ED, locality based integrated care teams, specialist intermediate care teams, community based crisis response teams, referral GP review and speciality triage for referrals. This will all be underpinned by improved data sharing between Primary and Secondary care providers, and integrated data sharing between ED and out of hours GP services.

Overview of workforce issues

Workforce supply to support the New Care models was recognised as a key risk for the transformation programme. Additional capacity has been agreed to focus on this priority area. A Workforce Programme Manager has been appointed to work across the system. This post will build on the work undertaken so far on workforce modelling and planning. In addition, the post will also work closely with the communications and engagement team on staff engagement.

Designing new care models – workforce redesign/transformation

The work undertaken to date through the system-wide OD diagnostic has highlighted the extent to which the re-commissioning process and Vanguard status have catalysed the development of capability to respond to the integration agenda across the health and social care system. A system-wide conference is planned to further crystallise progress to date and further actions required, and following this a detailed system-wide OD plan will be formulated.

LETB: East Midlands

Vanguard: Nottingham City
Enhanced Health in Care Homes

Summary of Vanguard: Nottingham City CCG covers a registered GP population of 342,000 and 60 GP practices. The CCG's application to work collaboratively to provide models of enhanced care in care homes was submitted in partnership with CityCare Partnership, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Nottingham City Council, AgeUK Nottingham and Nottinghamshire and local primary care providers. The proposed new model will provide a structured and pro-active approach to care, complemented by a number of local innovations including; mobile working for Primary care; access to SystemOne for care homes; remote video consultation between care home residents and GP; remote access to resident health data through telehealth; and increased use of telecare. The new model will ensure that all potentially long hospital stays are proactively managed and will build on work already initiated with acute trusts, care homes and community services to develop a 'pull' approach to acute discharges, ensuring that social services are involved at the earliest opportunity. Effective mechanisms to capture the experience of patients discharged into a care home setting will ensure a responsive 'learning lessons' feedback loop, so services can be continually adapted and improved.

Overview of workforce issues

National visit team (which included HEEM representation) identified an energy and motivation to develop a workforce model that centres on the requirements of the population. However, the workforce needs and planning for the new care model are still in their early stages.

LETB: East Midlands

Vanguard: South Nottingham System Resilience Group
Urgent and Emergency Care Networks

Summary of Vanguard:

The South Nottingham System Resilience Group (SRG) is made up of local partners including Nottingham University Hospitals NHS Trust, the South Nottingham and Erewash clinical commissioning groups, Nottingham City and County Councils, East Midlands Ambulance Service (EMAS), Nottingham CityCare Partnership, County Health Partnership, Nottinghamshire Healthcare NHS Foundation Trust, Derbyshire Health United Ltd (111 provider), Nottingham Emergency Services (GP out of hours), Health Watch Nottingham and Health Watch Nottinghamshire. The vanguard will support ambitious improvements in urgent and emergency care for the citizens of South Notts. Partners will look at what more they can do, using innovative workforce solutions to ensure that people receive care in a timely way and closer to home – in many cases avoiding the need for assessment or admission to hospital. Work will focus on:

- Enhancing mental health services in the community this will include rolling out and extending the National Mental Health 111 pilot to provide faster and better care when it is needed.
- Improving access, clinical assessment and treatment to primary care clinicians at the ‘front door’ of the emergency department so that patients are assessed and then followed up closer to home.
- Enabling more direct clinician to clinician conversations so that more patients are directed to the right service, first time, every time.

Overview of workforce issues

Need to develop detailed workforce strategy to support the Vanguard and cross organisational issues.

The future training patterns of doctors envisaged in the ‘shape of training’ review, which is currently with UK health ministers awaiting a decision regarding implementation. The Review entitled *Securing the Future of Excellent Patient Care Final - Report of the Independent Review (Led by Professor David Greenaway)* is available on the following website:

<http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>

Recruitment to general practice training is a challenge nationally, and affects the East Midlands particularly acutely. In an attempt to improve the attractiveness of training across the counties of the region, a pre-GP specialty training programme has been developed to offer potential general practice trainees the chance to sample and prepare for successful entry into GP training. Doctors on this scheme help manage patients in provider trusts and hence help reduce the locum and agency bill for healthcare provision across the county.

General practice trainees who have completed training are also being offered post qualification fellowships to give them additional experience, skills and attributes to contribute to their chances of pursuing a successful career once appointed as a fully qualified GP, and by doing so aim to improve the retention of this highly skilled section of the workforce.

The East Midlands Local Education and Training Board (LETB) is supporting delivering high quality care by working in integrated teams. It can be seen that HEEM is attempting to develop a well trained workforce with the appropriate skills and behaviours that are transferrable across employers.

The Nottinghamshire local education training community (one of HEE’s links to the county) has developed a Local Delivery plan for 2015/16 which follows the same principles outlined elsewhere within this paper.

This report was written by Dr Adrian Brooke, Deputy Postgraduate Dean and Secondary Care Dean, Health Education East Midlands, who can be contacted via adrianbrooke@nhs.net