

To

Rt Hon Matthew Hancock MP, Secretary of State for Health and Social Care
Rt Hon Jeremy Hunt MP, Chair of the Commons Health and Social Care Select Committee

14 April, 2021

Dear Secretary of State and Chair

NHS and social care staff have shown remarkable dedication, courage and resilience in the fight against Covid-19, with many putting their lives on the line to care for patients and service users. But they will emerge from the pandemic exhausted and, in many cases, scarred from their experiences. The NHS faces a huge challenge in recovering services and a significant determinant in meeting that challenge will be supporting staff to recover.

Before the pandemic took hold our three organisations highlighted the scale of the workforce challenge facing the health and care system in our report, Closing the Gap. We set out the need for urgent action to avoid a vicious cycle of growing shortages and declining quality. Workforce issues remain the biggest challenge facing the NHS and as we emerge from this pandemic there has never been a greater need to address fundamental fault lines in workforce policy.

Alongside immediate action and leadership to nurture and grow the workforce, now is the time to set systems in place to avoid major workforce shortages in the future. England needs to plan for the long term based on an objective, independent understanding of how many staff the service needs. The upcoming NHS Bill offers an opportunity to put in place a system to support better workforce planning.

In February this year, Anita Charlesworth of the Health Foundation, co-signatory to this letter, made the case to the Health and Social Care Select Committee that transparent, independent, and objective projections would help create a policy context where the workforce is better able to meet the needs of patients in future. This letter expands on that proposal and how it could be incorporated within the forthcoming legislation.

Proposed new clause in the forthcoming NHS Bill

We believe that a clause should be included stating that:

'Health Education England must publish annual, independently verified, projections of the future supply of the health care workforce in England and how those projections compare to projected demand for healthcare workforce in England for a 15 year period consistent with the long-term projections of health care spending produced by the Office for Budget Responsibility (OBR). The Secretary of State for Health and Social Care must ensure that annual independently verified projections of the future supply of social care workforce in England are published, setting out how those projections compare to projected demand for social care workforce in England for a 15 year period, consistent with the long-term projections of adult social care spending produced by the OBR.'

These estimates must be as robust and as complete as possible and as a minimum they must set out projections based on the assumption of constant policy. Explanatory notes should make clear that the clause will require projections of both headcount and full-time equivalent for the total health and care workforce, in England and for every region, covering those working for voluntary and private providers of health and social care as well as the NHS. The assumptions underpinning the projections must be published for a) the workforce flows from and to the other UK countries and b) immigration and out-migration of the registered professions in health care. These again should be both in headcount and full-time equivalent.

At the England level, the projections should individually cover all the regulated professions (social workers, registered nurses, doctors, allied health professionals).

The process for independent verification and a fixed annual date for publication should be published in advance. Independent verification should meet the relevant standards set out in the National Statistics Authority's code for official statistics for collecting, preparing, analysing and publishing government statistics.

The need for broader action

Transparent, accurate projections will at best support and incentivise decisions that create the workforce we need in the long run: they are not an end in themselves. Staff will need immediate and ongoing support to help them recover, and preparing for the coming challenges will require a blend of local and national action.

In order to develop a system able to meet future demand and that is resilient to future shocks, the NHS needs to develop a fully costed workforce strategy for the next five years. The government needs to commit to a parallel social care workforce strategy as part of the comprehensive plan for adult social care, which the Prime Minister affirmed at the Liaison Committee last month. These workforce plans need to be fully funded in the forthcoming Spending Review. At times securing the right workforce will require difficult choices, particularly where fewer of certain staff groups are needed or where immigration policy is concerned.

Taking the right course in rebuilding from the current crisis will also require political realism and honesty with the public about what can be achieved. Setting unrealistic targets for the recovery of services and launching a top down drive to meet them when staff are exhausted could be disastrous. The risk in terms of the morale, wellbeing and burn out of staff is significant and there is a very real risk of an exodus of staff from the service.

Recent years have already seen some positive actions to secure more nursing trainees, and to enable migration when the pandemic subsides. There is an opportunity now for a government which has made high profile commitments on NHS staff to set a course away from the sporadic workforce crises that have plagued the service.

If the NHS is to overcome the obstacles it faces in recovering services after Covid-19, including clearing the backlog of care and addressing increased demand for mental health services, it needs to be fully and properly staffed. It will not be achieved without dedicated investment, a long-term workforce strategy and decisive action based on the best available data.

We would be very happy to meet with you to discuss both these specific proposals, and wider decisions around workforce policy, as the health and social care sector emerges from the last phase of the pandemic and starts to look to the future.

Yours sincerely

Nigel Edwards, Chief Executive of the Nuffield Trust
Anita Charlesworth, Director of the REAL Centre at the Health Foundation
Richard Murray, Chief Executive of The King's Fund