The King's Fund

Ideas that change health care

An independent consultation on proposals for a Centre of Excellence for workforce strategy and planning on behalf of the Department of Health

Please complete this coversheet and include with your response.

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Please indicate whether you are happy for the King's Fund to quote from your response in the final report:

YES~~/NO~~

Please indicate whether the response is on behalf of your organisation or in a personal capacity:

Organisation ~~/ personal capacity~~

Please submit your response:

i. by email to workforce@kingsfund.org.uk, or
ii. by post to Anna Dixon, King's Fund, 11-13 Cavendish Square, London W1G 0AN

The deadline for response is **Friday, 24 October 2008**.

General questions

1. What do you think the main benefits will be of establishing a Centre of Excellence for workforce strategy and planning? What should be the key success criteria by which to measure the performance of the Centre?

The Medical Schools Council considers the main benefits of the Centre to be the concentration of expertise and an ability to embrace skills across a range of relevant networks and from other sectors e.g. the University sector. We also see significant benefits in the objectivity that can be achieved by separating the functions of the Centre of Excellence from those concerned with education and training policy development or implementation, commissioning and provision.

The key success criteria should be the return of confidence within the NHS that this function is being performed optimally. Workforce strategy and planning is an inexact science but inaccurate projections will be accommodated if the relevant stakeholders (for example health providers, education and training providers, PCTs and SHAs) are both engaged and convinced that the best effort possible has been made. Outcome measures in the short term include the uptake of advice offered by the Centre of Excellence; in the long term, a closer match between projection and need will provide the critical evidence.

2. Are there any factors that threaten the ability of the Centre to realise these benefits? How could these risks / threats be mitigated?

One key risk is lack of engagement at both local and national level. The process of this consultation is an important step but subsequent communication of working practices and projections will also be critical. It will be essential for the Centre to engage with stakeholders at all level while retaining a level of independence from both stakeholders and the Department of Health.

Additional risks pertain to the nature of data available, and whether the Centre is able to blend appropriately trends arising from national policy with trends emerging from local changes in service provision, as well as unanticipated variables for example a surge in demand for a particular specialty.

The mission should remain clearly defined, and the Centre should remain independent from its stakeholders and funding bodies, if the CoE is to be authoritative source of workforce planning and intelligence.

3. How can the Centre ensure that it operates in line with the values set out above? In particular, how can the Centre help promote workforce planning along clinical and patient pathways as opposed to professional lines?

This will be a major challenge for the Centre and we recognise this will be a key reason for the Centre to retain a degree of independence from specific interest groups. Tension between clinical and patient pathway plans and professional planning will best be mitigated by securing professional engagement in the process and avoiding ideological non-evidenced solutions to skills gaps which cut across professional roles.

It is highly likely that clinical and patient pathways will be locally variable, and as such the Centre needs to develop analytical tools at both local and national level, such that specific interest groups might influence, but not dictate, the processes of developing workforce intelligence.

If the Centre is properly constructed, and not unduly influenced by the multiprofessional agenda, it could, in partnership with professional advisory bodies, provide the necessary national oversight.

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4. How can the Centre strike a balance between strategic and immediate requirements?

The Centre's greatest value can come from a careful strategic and long term perspective. If it is forced to engage in short term poorly evidenced operational decisions it will undermine its own credibility.

Functions and remit

5. Three main functions have been identified for the Centre of Excellence – analytical, networking and capability building. Are these the right ones? Are there any gaps? Which of the functions should be given greatest priority?

The Medical Schools Council agrees that the three functions identified are appropriate. The analytical function is the greatest priority for the Centre, with networking - and influencing – necessary to support the Centre's analytical function.

Analytical function

6. A key role for the Centre of Excellence is to develop forecasting, workforce projections and scenario models. How can the Centre ensure that this process is accurate, evidence based, relevant and timely? In particular -
    a. How should the Centre develop and test its assumptions?
    b. What data sources will the Centre of Excellence need access to? What can be done to ensure that the Centre has access to high quality data and information?
    c. At what level should the models be developed - national, regional, local or multilevel?

A key requirement is policy alignment within the Department of Health so that unanticipated distorting factors don't appear. An absolute foundation is clarity regarding the roles of the various professional contributors to the workforce. As workforce solutions worldwide need to reflect economic reality, realistic projections will also need to take into account the likely funding available. It is essential that there is a national overview if equity of clinical service is to remain a central plank of NHS policy.

The role of forecasting and scenario testing could be enhanced by input from international experts. As stated in question 3, the Centre needs to work *in partnership* with national professional advisory bodies, including NHS: MEE to provide the necessary national oversight.

7. The NSR identifies a role for the Centre in scrutinising workforce plans. How can this be achieved effectively? How will the Centre ensure it is able to provide simple, clear advice and options to the Department of Health, SHAs and the professional advisory boards?

The Medical Schools Council does not consider it to be realistic or wise that the Centre scrutinises all NHS workforce plans. Further, the NSR also identifies NHS: MEE, and other equivalent national bodies, as having a scrutiny function. It is crucial that scrutineers have teeth.

Engaging with stakeholders – and data providers – in its role as Scrutineer risks undermining cooperation between stakeholders and the Centre.

Networking function

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8. What are the key relationships and networks that the Centre will need to establish and how could these best be facilitated? How can the Centre build the necessary networks and delivery mechanisms to ensure it communicates with and reflects the priorities of core stakeholders?

Given the commissioning function of SHAs it is crucial that the Centre is closely connected with SHA workforce projection functions and commissioning practice. The Centre will also need to develop such links with PCTs and healthcare providers; those developing policy and strategy at national, regional and local level; those leading the implementation of change at local level; and frontline NHS staff. The Centre should also work with universities with provision in medical and healthcare education and training, and with representative bodies such as the Medical Schools Council.

Capability function

9. How best can the Centre support capability building at local level and disseminate best practice?

The Medical Schools Council has serious doubts about disseminating workforce planning function locally until the central capacity has been well and truly established. We believe that thereafter, dissemination will be as much linked with capacity building as with influencing via its networking function.

10. What types of consultancy support might the Centre commission in order to support capacity and capability building? How does this fit with their other functions?

Modelling capacity and independence from the Department of Health are imperative.

Leadership

11. What characteristics will the leadership of the Centre need to demonstrate?

Leadership will need to be strong and be seen to retain integrity in the face of inevitable political pressure. The Centre will also need to demonstrate a solid understanding of the health sector, and confidence among stakeholders.

12. What skills will be required among those working in the Centre?

Staff of the Centre of Excellence will need to demonstrate resilience and commitment as well as the requisite technical skills.

Governance

13. What are the principles that need to underpin the governance of the Centre?

Crucially the Centre needs to function, and be seen to function, independently from the Department of Health.

Hosts and transitional arrangements

14. What form should the Centre take and in what type of organisation would it most appropriately be located? For example should it be a single organisation or a managed network of organisations based on a hub and spoke model?

The Centre should be what its name implies, a centralised function in the first instance. The Medical Schools Council agrees with the NSR recommendation that the Centre be hosted by an academic institution.

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15. Which existing organisations have the skills to provide all or some of the functions of the Centre? Where new functions are proposed, do the necessary skills exist to deliver? If not, how could these skills be developed?

The function should be put out to tender. Those designing the Centre's activities should reflect on these criteria for success of its predecessor, the Medical Workforce Standing Advisory Committee.

Any other issues or comments.

Please limit your response to 3000 words and provide any particularly lengthy supporting documentation as appendices or by web link.

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