Strategic Framework Call for Evidence 2021

Welcome and Introduction

Welcome to the Call for Evidence to support the development of a long-term strategic framework for health and social care workforce planning. This will review, renew and update the existing 15-year strategic framework for workforce planning, Framework 15. While Framework 15 focused on health only, this update will extend into social care, encompassing regulated professionals in social care for the first time.

Health Education England (HEE) is leading this programme of work in close collaboration with NHS England and NHS Improvement, Department of Health and Social Care, Skills for Care and key stakeholders across the social care and health sectors.

This work will look at the key drivers of workforce demand and supply over the longer term and will set out how they may impact upon the required shape of the future workforce, to help identify the main strategic choices.

To develop a shared understanding of the future, we hope to hear from as many stakeholders and partners as possible through this Call for Evidence, including people who need care and support, patients, carers, members of the workforce, as well as students and trainees. As such we are inviting both organisational and individual responses.

Please note that this is the first specific piece of engagement on this work, which will be an ongoing conversation. Insights and analysis from this Call for Evidence will be considered alongside wider evidence and information to ensure as detailed and broad a picture as possible. All of which will be built into further engagement opportunities so the conversation on future workforce can continue. Further opportunities to engage will be listed here as the programme of work develops.

This Call for Evidence closes 23:59, 6 September 2021.

Thank you for taking the time to complete this Call for Evidence, helping to build a workforce with the right skills, knowledge and values, in the right numbers and right place, both now and in the future.

Consent

HEE are conducting this Call for Evidence to support the development of a long-term strategic framework for health and social care workforce planning.

Throughout this exercise we are asking you to provide some personal information if you are happy to do so. We are asking you to provide your name and email address to allow us to contact you for any clarification. We are relying on your consent to capture this data and therefore these questions are not mandatory and you do not have to provide this information if you do not wish to. By providing a response to these questions, you are providing consent.

HEE are using a third party to assist in this data collection, JISC online surveys. Your details will be captured by JISC as part of this survey, JISC staff will not routinely have access to the data you provide in this survey.

Please note that in order to manage and analyse the feedback we receive through the Call for Evidence, we may share your response (with your name and email address excluded) with trusted third parties and partner organisations (Department of Health and Social Care, Skills for Care and NHS England and NHS Improvement) to collate, organise, store and analyse the feedback provided.

All responses to the survey will be amalgamated and anonymised for the purposes of any public reports.

HEE and JISC online surveys take your privacy seriously and your data will not be passed to any further parties for other purposes. Your data will remain secure and will be destroyed by JISC within three months of the Call for Evidence closing. HEE will hold the data for up to six years.

At the end of this survey, you may be prompted to complete a second survey which will ask you a small number of questions relating to your demographic data. This survey is anonymous and responses to each of the data collections cannot be linked. The second survey is completely voluntary. We are collecting this data to help assess how representative individual responses overall are of the population, so we can target engagement where there may be underrepresentation.

If you have any questions or concerns about your privacy, or should you need any further information as to your rights please read HEE’s privacy notice and JISC online surveys' privacy notice. If you have any question about either privacy policy you can contact HEE at strategicframework@hee.nhs.uk, you can also contact HEE at this address to withdraw consent at any time.

About You

1.1. Name: Optional

Prof Michael Vassallo

2.2. Title: Optional

Vice President for Education and Training

a.2.a. If you selected Other, please specify:

3.3. Are you submitting on behalf of an organisation(s) or is this an individual submission? *Required*

- (x) Organisational submission
- ( ) Individual submission

a.3.a. Please provide the name of your organisation(s): *Required*

British Geriatrics Society

b.3.b. Which of the below best describe your organisation(s)? Please select all that apply *Required*

- [ ] Social Care Provider
- [ ] Healthcare Provider
- [ ] Royal College
- [ ] Higher Education Institute
- [ ] Further Education Provider
- [ ] People who use care and support/Patient Representation Organisation/Network
- [ ] Carer Representation Organisation/Network
- [ ] Regulator
- [ ] Local Authority
- [ ] Arms Length Body
- [ ] Integrated Care System
- [ ] Central Government
- [ ] Think Tank
- [x] Charity
- [ ] Independent Provider

- [ ] Social Enterprise
- [ ] Private Provider
- [x] Professional Body
- [ ] Trade Union
- [ ] Academic Health Science Networks
- [ ] Commissioner
- [ ] Provider Representation Organisation
- [ ] Other

i.3.b.i. If you selected Other, please specify:

c.3.c. In which region(s) does your organisation(s) primarily operate? Please select all that apply (Map for reference) *Required*

- [x] National organisation
- [ ] London
- [ ] Midlands
- [ ] North East and Yorkshire
- [ ] North West
- [ ] South East
- [ ] South West
- [ ] East of England
- [ ] Outside of England

d.3.d. Does your submission concern particular health and social care pathways/ areas? ***Please note that we recognise this is not an exhaustive list***. It shows those where HEE or partners have significant programmes of work. Please select all that apply and feel free to add others. *Required*

- [ ] No specific pathway/area
- [x] Social Care
- [ ] Maternity
- [ ] Mental Health
- [ ] Cancer
- [ ] Children and Young People
- [x] Urgent and Emergency Care
- [x] Primary Care
- [x] Other

i.3.d.i. If you selected Other, please specify:

Older people

e.3.e. Does your submission concern particular social care and health workforce roles/groups? If so, please identify them below.

All healthcare professionals involved in the care of older people including specialists (geriatricians, advanced clinical practitioners, nurses, allied healthcare professionals, pharmacists and GPs who specialise in older people's care). It is important to note that this includes staff working in social care, such as nursing staff working in care homes, as well as those working within the NHS.

Driver Analysis

Demographics and Disease

This drivers of change category includes, but is not limited to, factors such as:

- Population size and makeup (including ethnicity)
- Population Density
- Age Structure
- Birth Rates
- Mortality Rates
- Life Expectancy
- Migration
- Long Term Conditions and multiple-morbidities (one person living with multiple illnesses or disease)
- Disability
- Accident Rates
- Epidemiology (how often diseases occur in different groups of people and why)
- Workforce demographics

5.5. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

1.5.1. FACTOR A

a.5.1.a. Please provide a brief description of the factor(s):

Ageing population - in 1999, one in six people were 65+ (15.8% of population). This increased to one in five in 2019 (18.5%) and is projected to reach one in four (23.9%) by 2039. By 2069, there will be an additional 7.5 million people aged over 65 – 26.2% of the projected population.
This is mirrored by a similar projected decline in younger age groups. This means that there will be fewer people of working age paying taxes to pay for NHS and social care.

b.5.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

The ageing population is already having a profound impact on workforce demand within health and social care and we know that we are not recruiting enough specialists in the care of older people. Latest data from the Royal College of Physicians shows that in 2018 49% of consultant posts in geriatric medicine were unfilled and that the number of trainee posts would need to be significantly increased to match the number of unfilled consultant roles available. These statistics account for the current shortfall in geriatrician roles, but do not take into account for increased demand in the future. It is essential that we plan now for the demographic changes described above.

The shortfall in doctors specialising in geriatric medicine is reflected across other professions specialising in older people's care such as specialist nurses, advanced clinical practitioners, allied healthcare professionals, GPs and care home staff. It is important to remember that doctors are not the only specialists involved in caring for older people – increasingly complex care is carried out by healthcare professionals in non-medical roles, for which data are not available.

Older people are the biggest user group of health and social care services and it is important to note that, with the exception of paediatricians, obstetricians and midwives, most healthcare professionals will see older people more than any other patient population. This demand is only going to grow as the population continues to age. As such, it is not enough to ensure that we have more specialists in older people's care – it is essential that all healthcare professionals likely to come into contact with older people in their professional lives are equipped with appropriate knowledge and skills. This includes specialists in other areas who must undergo at least a basic level of training in the unique needs of older people including frailty and cognitive impairment.

There is going to be a need to train a multiprofessional workforce that has broad generic skills as well as focused areas of specialism. It is important to ensure that the workforce is constantly changing and adapting as it is likely that the jobs and ways of working of the future are currently unknown. The workforce must have the skills to deal with new technologies and remote ways of working as they emerge.

c.5.1.c. What impact do you think this factor(s) will have on workforce number demand?

- Strong demand reducing impact

- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ○ Strong demand increasing impact

d.5.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ○ High Impact

e.5.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ○ Medium Impact
- ◉ High Impact

f.5.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ○ Medium Impact
- ◉ High Impact

g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?

- ◉ 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.5.1.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021

https://www.rcplondon.ac.uk/projects/outputs/focus-physicians-2018-19-census-uk-consultants-and-higher-specialty-trainees

2.5.2. FACTOR B

a.5.2.a. Please provide a brief description of the factor(s):

Increasing life expectancy – while life expectancy growth has slowed in recent years, people are still living longer than ever before.

b.5.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

Increased life expectancy is a direct cause of the UK's ageing population and, as such, many of the demands detailed in the previous section apply here. It is also important to note however that increasing life expectancy means that many more people are living longer than before with long-term conditions or chronic illnesses. While some people live relatively healthily into old age and decline quickly at the end of their lives, more people are likely to live for many years or even decades with long-term conditions and chronic illnesses which require management and medication over a long period of time.

It will be important to ensure that healthcare professionals caring for older people are skilled in supporting people to manage multiple long-term conditions and particularly have skills needed to manage medication and avoid inappropriate polypharmacy in older people.

Healthcare professionals also need to be skilled in health promotion and disease prevention and be trained to run such services to prevent chronic illness as much as possible.

c.5.2.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.5.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact

◉ High Impact

e.5.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

○ Low Impact

○ Medium Impact

◉ High Impact

f.5.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

○ Low Impact

○ Medium Impact

◉ High Impact

g.5.2.g. In what time horizon will the most significant impact be felt on workforce demand?

○ 0 - 5 years

◉ 6 - 10 years

○ 11 - 15 years

○ Beyond 15 years

h.5.2.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

'More harm than good' - report by Age UK. https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/medication/190819_more_harm_than_good.pdf

Medicine optimisation: Recommended reading and resources - https://www.bgs.org.uk/resources/medicine-optimisation-recommended-reading-and-resources

3.5.3. FACTOR C

a.5.3.a. Please provide a brief description of the factor(s):

Increasing number of child-free older adults.

b.5.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

One of the factors contributing to the ageing population is the fact that the baby boomers born between the end of World War II and the mid-1960s are now approaching older age. Additionally, there is a high level of childlessness among baby boomers born in the 1960s. According to the Office for National Statistics, around one in five women born in the mid-1960s did not have children, compared to one in ten among women born in the years immediately after World War II. This is particularly an issue considering that the majority of care for older people is provided by adult children. This is likely to result in an increase in demand for paid carers over the coming years.

We know that there is a significant shortfall in supply of people working in social care and that this is not likely to be resolved in the immediate future. If older people are unable to access the care they need in their own homes, they are more likely to move into care homes at an earlier stage or, once admitted to hospital, remain in hospital for longer because of a lack of carers.

c.5.3.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.5.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

e.5.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

f.5.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ● Medium Impact
- ○ High Impact

g.5.3.g. In what time horizon will the most significant impact be felt on workforce demand?

- ○ 0 - 5 years
- ● 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.5.3.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglonger/implicationsofchildlessnessamongtomorrowsolderpopulation

Public, People who need care and support, Patient and Carer Expectations

This drivers of change category includes, but is not limited to, factors such as:

- Expectations of the health and social care system as a whole
- People who need care and support, patient and carer experience
- People who need care and support/patient involvement, empowerment and shared decision making
- Quality and safety of care
- Access to and availability of care. How care is delivered (e.g., increasing digital models of delivery).
- Data security
- Digital literacy
- Expectations of the staff that work within social care and health (e.g., skills, values, behaviours)
- Expectations for the staff that work within health and social care (e.g., reward)

8.8. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

1.8.1. FACTOR A

a.8.1.a. Please provide a brief description of the factor(s):

Expectations of the social care system

b.8.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

There has long been a crisis in adult social care with individuals and families struggling to negotiate a confusing system, often at a time of crisis. This is not helped by a fundamental misunderstanding among the general public about how social care is commissioned and funded. Many people do not appreciate that social care is not provided as part of the NHS and must be paid for, either by individuals or families or by local authorities. Because of this, many people have unrealistic expectations of what will be provided to them or their loved ones by social care services. This is likely to put more pressure on staff working within social care as they struggle to provide care in a confusing system with a lack of understanding from the individuals and families they are trying to help.

Reform of the social care system has long been promised by successive Governments and it is essential that any new social care system is integrated with the NHS and is less confusing to those using it. From a workforce perspective, this means parity between social care staff and NHS staff including equal pay, progression and training for nurses working in social care and care homes and those working in the NHS. This includes ensuring that staff working in both sectors are treated the same and not subject to different rules such as mandatory COVID vaccination for care home staff but not NHS staff.

c.8.1.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.8.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

e.8.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

f.8.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

g.8.1.g. In what time horizon will the most significant impact be felt on workforce demand?

- ● 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.8.1.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

2.8.2. FACTOR B

a.8.2.a. Please provide a brief description of the factor(s):

Increasing digital models of delivery and digital literacy among older people

b.8.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

During the COVID-19 pandemic there was a significant shift in the way that healthcare is delivered with the NHS pivoting to digital appointments wherever possible. This is positive in many ways – it allows patients to remain at home, not putting them at risk of infection from visiting a healthcare facility and it can save time for clinicians. We have heard from BGS members that digital appointments sometimes worked better than they anticipated and allowed them to speak to carers or to see a patient's surroundings and assess the risk of falls. If digital appointments are to continue however, there will need to be ongoing investment in the infrastructure to enable this and training of staff to ensure that they are confident using the technology and, crucially for older people, are confident in supporting an older person to use the technology.

While some older people are very digitally literate or will have family members who can support them, some remain very unsure about using digital technology. The option of face to face appointments must remain for many older people and we must ensure that we have the right people and skills in place to meet this demand.

c.8.2.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.8.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

e.8.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ○ Medium Impact
- ◉ High Impact

f.8.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ○ Medium Impact
- ◉ High Impact

g.8.2.g. In what time horizon will the most significant impact be felt on workforce demand?

- ◉ 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.8.2.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

Socio-economic and Environmental Factors

This drivers of change category includes, but is not limited to, factors such as:

- Health inequalities
- The economy and public funding/finances
- Labour market
- Social determinants of health (e.g. housing)
- Climate Change
- Greenhouse emissions and pollution

11.11. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

1.11.1. FACTOR A

a.11.1.a. Please provide a brief description of the factor(s):

Health inequalities among older people – there is currently a 19 year gap in life expectancy between the most and least deprived groups in the UK. While work must continue to close this gap, the existence of the life expectancy gap presents challenges.

b.11.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

The life expectancy gap between the most and the least deprived will require different skills and professionals in different parts of the country. For instance, in more deprived areas, people are likely to live more unhealthy lifestyles and may experience illnesses usually associated with older age at an earlier age. Frailty for instance is not necessarily related to chronological age and in deprived areas, younger people may experience frailty. This is why it is important that all healthcare professionals are skilled in recognising and treating frailty, even if they are not experts in caring for older people.

At the other end of the spectrum, healthcare professionals in less deprived areas may come across significantly older people who are more likely to be living with multiple long-term conditions. It will be important for these people to be skilled in the management of many illnesses and particularly in managing the medications of these people.

Reducing this gap in inequality will require investment in healthy ageing initiatives and interventions to prevent ill health. It is easy to consider that 'prevention' in older age groups is not worthwhile – after all, it is not possible to prevent ageing. However, prevention and encouraging healthy lifestyles is a core area of work for healthcare professionals working with older people as they work to prevent onset of illness, admission or readmission to hospital. It is important that investment is made in enabling a workforce to concentrate preventing as well as treating ill health.

c.11.1.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.11.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- [ ] Low Impact
- [x] Medium Impact
- [ ] High Impact

e.11.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- [ ] Low Impact
- [x] Medium Impact
- [ ] High Impact

f.11.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- [ ] Low Impact
- [ ] Medium Impact
- [x] High Impact

g.11.1.g. In what time horizon will the most significant impact be felt on workforce demand?

- [ ] 0 - 5 years
- [x] 6 - 10 years
- [ ] 11 - 15 years
- [ ] Beyond 15 years

h.11.1.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

'Healthier for Longer' - report from BGS. https://www.bgs.org.uk/resources/healthier-for-longer-how-healthcare-professionals-can-support-older-people

2.11.2. FACTOR B

a.11.2.a. Please provide a brief description of the factor(s):

Climate change

b.11.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

Climate change is one of the biggest threats to human health currently and we know that older people are particularly susceptible to the impact of climate change. There will be a need to ensure that the health and care workforce caring for older people takes the impact of climate change into account when caring for their patients. The workforce and the NHS overall also need to take steps to reduce their own impact on the environment.

c.11.2.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ○ Strong demand increasing impact

d.11.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ○ High Impact

e.11.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- Low Impact
- Medium Impact
- High Impact

f.11.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- Low Impact
- Medium Impact
- High Impact

g.11.2.g. In what time horizon will the most significant impact be felt on workforce demand?

- 0 - 5 years
- 6 - 10 years
- 11 - 15 years
- Beyond 15 years

h.11.2.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

https://www.bgs.org.uk/bgs-environmental-policy

Staff and Student/Trainee Expectations

This drivers of change category includes, but is not limited to, factors such as:

- Expectations of working life and careers e.g. flexible working, work related stress and burnout, tackling bullying and harassment, time to care, wellbeing, reward, progression and career development, retirement plans, carer and dependent responsibilities
- Culture
- Workforce recovery post pandemic
- Expectations of training (pre and post registration (including clinical placements and rotations) , Continuous workforce/professional development and lifelong learning). For example, access to the latest education technology innovations
- Equality, diversity and inclusion
- Widening Participation
- Generational preferences
- Expectations of service design and workforce structure e.g. multi-disciplinary team (MDT) working, developing generalist skills

14.14. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

1.14.1. FACTOR A

a.14.1.a. Please provide a brief description of the factor(s):

Workforce recovery post-pandemic. The COVID-19 pandemic has had a devastating effect on older people and the healthcare professionals who care for them. We know from speaking to members of the British Geriatrics Society that the workforce caring for older people is exhausted and burnt out.

b.14.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

We have surveyed our members twice during the pandemic to understand the impact of working through COVID-19 on their wellbeing. We have heard from members for whom the impact of the pandemic on their mental and emotional wellbeing has been significant. Many people told us about plans to take early retirement, move to less than full time work in order to regain a work/life balance or to move to non-clinical work. This will of course impact the future workforce caring for older people and there will be a need to ensure that localities plan for this, looking to innovative solutions for older people's healthcare into the future.

c.14.1.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.14.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

e.14.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

○ Low Impact

○ Medium Impact

◉ High Impact

f.14.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

○ Low Impact

○ Medium Impact

◉ High Impact

g.14.1.g. In what time horizon will the most significant impact be felt on workforce demand?

◉ 0 - 5 years

○ 6 - 10 years

○ 11 - 15 years

○ Beyond 15 years

h.14.1.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

‘Through the Visor’ and ‘Through the Visor 2’ - reports from BGS. https://www.bgs.org.uk/resources/through-the-visor-reflecting-on-member-experiences-of-the-covid-19-first-wave https://www.bgs.org.uk/policy-and-media/%E2%80%98through-the-visor-2%E2%80%99-%E2%80%93-second-report-highlights-continuing-toll-of-the-covid-19

2.14.2. FACTOR B

a.14.2.a. Please provide a brief description of the factor(s):

Some of our members have told us that during the pandemic, they have witnessed an increase in workplace bullying and toxic cultures within the NHS with the COVID-19 crisis being used as an excuse for otherwise inexcusable behaviour.

b.14.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

Similarly to other factors, an increase in workplace bullying within the NHS is likely to result in healthcare professionals choosing to leave the NHS and seek less stressful roles, thus impacting on patient care.

c.14.2.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ● Moderate demand increasing impact
- ○ Strong demand increasing impact

d.14.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ● Medium Impact
- ○ High Impact

e.14.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ◉ Medium Impact
- ○ High Impact

f.14.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ◉ Medium Impact
- ○ High Impact

g.14.2.g. In what time horizon will the most significant impact be felt on workforce demand?

- ◉ 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.14.2.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

3.14.3. FACTOR C

a.14.3.a. Please provide a brief description of the factor(s):

Expectations of training – we have heard from geriatric medicine trainees that they have experienced significant disruption to their training and many are currently feeling unsure about their future.

b.14.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

We know that we are not training enough experts in older people's healthcare and a delay in training for those in early stages of their careers may have a long-term impact on the care of older people in the UK.

Conversely, during the pandemic BGS and many other organisations have moved their conferences online enabling people to learn remotely and to catch up on conference sessions at times that suit them. While many people missed the face to face aspect of conferences, including the opportunity to network with colleagues, we have heard from people who have appreciated the opportunity to continue their CPD during the pandemic. Many people have expressed a wish for conferences to continue in this format to allow them to fit their CPD around family, work and personal commitments.

As focus has moved in recent years towards community based care for older people, there has been a growth in community roles, including Hospital At Home Services and Community Geriatrician posts. It is important that this is reflected in the design of training to ensure that specialists are equipped for more work in older people's homes and care homes rather than focusing solely on delivering hospital care.

c.14.3.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.14.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ● Medium Impact
- ○ High Impact

e.14.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ● Medium Impact
- ○ High Impact

f.14.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ● Medium Impact
- ○ High Impact

g.14.3.g. In what time horizon will the most significant impact be felt on workforce demand?

- ● 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.14.3.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

Science, Digital, Data and Technology (Including Genomics)

This drivers of change category includes, but is not limited to, factors such as:

- Genomics
- Artificial Intelligence
- Robotics
- Automation
- Digital Health Technologies (e.g., Telemedicine, Smartphone Apps, sensors and wearables, virtual and augmented reality)
- Digital literacy
- Big data
- Data security and data sharing

For this drivers of change category, in the context of releasing time to care, we are also interested in views on how innovations may result in substitution, redistribution, augmentation, generation or transference. The below definitions are based on the work of the RSA, but ‘Redistribution’ has also been added as an extra category.

Substitution	The most conventional form of automation, substitution involves technology taking on a task that would usually be undertaken by a worker. Occasionally these technologies substitute for whole jobs, but more often they replicate individual tasks that in aggregate make up occupations.
Redistribution	This is where the technology redistributes work along the patient pathway e.g. Polygenic risk scores, used in conjunction with existing demographic and lifestyle scoring may be used to predict future risk of diseases and thereby reducing the need for later treatment and surgery
Augmentation / Complementing	Augmentation expands the capability of workers, allowing them to achieve more and better-quality work in a shorter space of time. In theory, these technologies take away tasks from workers, but the overall effect is to amplify their abilities (e.g., to complete successful operations).
Generation / Creating	As well as mimic what workers already do, technologies can generate tasks that were never done by humans previously (or only by a very small number). Technologies such as this create work rather than capture it from others.
Transference	Transference is where technology shifts responsibility for undertaking a task from health and social care workers to patients e.g. health monitoring devices taking away the need for regular check-ups

Where applicable, please consider them in your narrative responses.

17.17. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

1.17.1. FACTOR A

a.17.1.a. Please provide a brief description of the factor(s):

> Wearable devices are used as a fundamental component of virtual frailty wards, enabling healthcare professionals to monitor older people once they have been discharged from hospital without the need for an older person to return to hospital or for healthcare professionals to visit the individual at home.

b.17.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

> The introduction of wearable technologies as part of virtual frailty wards has the potential to make caring for patients after hospital discharge less resource intensive for the NHS. In addition, it will allow patients to get home sooner, enabling a better recovery.

c.17.1.c. What impact do you think this factor(s) will have on workforce number demand?

- ( ) Strong demand reducing impact
- ( ) Moderate demand reducing impact
- ( ) Weak demand reducing impact
- ( ) Neutral
- ( ) Weak demand increasing impact
- ( ) Moderate demand increasing impact
- (•) Strong demand increasing impact

d.17.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ( ) Low Impact
- (•) Medium Impact
- ( ) High Impact

e.17.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

f.17.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

g.17.1.g. In what time horizon will the most significant impact be felt on workforce demand?

- ● 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.17.1.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

2.11.2. FACTOR B

a.11.2.a. Please provide a brief description of the factor(s):

Technology and artificial intelligence

b.11.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

As technology develops, it is likely that some aspects of care and monitoring will be undertaken remotely or by artificial intelligence. It is however unlikely that computers or robots will replace human interaction in the NHS and social care services. As such, it will be important to ensure that skills exist within the NHS to use technology to its full potential, giving healthcare professionals more time for important face-to-face interactions.

c.11.2.c. What impact do you think this factor(s) will have on workforce number demand?

- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- Neutral
- Weak demand increasing impact
- Moderate demand increasing impact
- Strong demand increasing impact

d.11.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- Low Impact
- Medium Impact
- High Impact

e.11.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- Low Impact
- Medium Impact
- High Impact

f.11.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- Low Impact
- Medium Impact
- High Impact

g.11.2.g. In what time horizon will the most significant impact be felt on workforce demand?

- 0 - 5 years
- 6 - 10 years
- 11 - 15 years
- Beyond 15 years

h.11.2.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

Service Models and Pandemic Recovery

This drivers of change category includes, but is not limited to, factors such as:

- Current and future service models
- Integration
- Working across boundaries
- Health promotion and prevention
- Personalised care
- Expanding digital options
- Pandemic recovery (elective care and waiting lists) and resilience (e.g. surge demand capacity)
- Responding to future people who need care and support/patient need

20.20. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

1.20.1. FACTOR A

a.20.1.a. Please provide a brief description of the factor(s):

Pandemic recovery – older people have been the population group most affected by the pandemic both in terms of people who have had COVID-19 and are now suffering the lasting effects of the virus and those who have not had COVID but have deconditioned during lockdown.

b.20.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

We expect that in the post-pandemic world, there will be more older people who require care and support that they did not require before. They may be less mobile than they were before the pandemic and may have developed conditions such as frailty. In addition, we have heard about older people who have avoided seeking medical attention when they have been ill, either because they wanted to protect the NHS or because they were afraid of contracting COVID in a GP surgery or hospital. As such, older people are now presenting with more advanced disease, requiring more treatment. This means that the older people's healthcare workforce will have an increased patient group after the pandemic and will be required to care for this group in addition to catching up on waiting lists and their regular workload.

There will also need to be an increased focus on care before and after hospital admission and surgery with older people provided with 'prehab' to ensure that they are well enough to undergo medical treatment and their health is optimised for a full recovery. It is also essential that there is investment in rehabilitation to enable older people to recover fully after surgery. As such, it is important to have trained professionals working in the community to provide this support before and after hospital admission to maximise the opportunity for a full recovery.

Perioperative medicine services for older people can help to improve outcomes by providing a full geriatric assessment before surgery with the aim of reducing postoperative complications and enabling a safe and effective discharge from hospital.

c.20.1.c. What impact do you think this factor(s) will have on workforce number demand?

- ○ Strong demand reducing impact
- ○ Moderate demand reducing impact
- ○ Weak demand reducing impact
- ○ Neutral
- ○ Weak demand increasing impact
- ○ Moderate demand increasing impact
- ● Strong demand increasing impact

d.20.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

e.20.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

f.20.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

- ○ Low Impact
- ○ Medium Impact
- ● High Impact

g.20.1.g. In what time horizon will the most significant impact be felt on workforce demand?

- ● 0 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ Beyond 15 years

h.20.1.h. Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

https://www.guysandstthomas.nhs.uk/our-services/ageing-and-health/specialties/pops/overview.aspx

Demand and supply gaps over the next 15 years

23.23. Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years. Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area), as well as timescales.

As detailed above, the greatest demand on the health and social care service in the coming years will come from the ageing population. Older people are already the biggest users of health and social care and this will increase as the population continues to age. While it stands to reason that this will have an impact on healthcare professionals specialising in older people's healthcare, in reality this will affect the majority of the health and social care system. We believe that there are steps that can be taken now to ensure that the workforce is well-prepared to care for the ageing population now and into the future.

1. There is a real need to train more specialists in older people's healthcare. This includes roles across medicine as well as other roles across nursing, allied health professionals and across the healthcare workforce.
2. There is an additional need to develop new roles that can take on clinical responsibilities to free up geriatricians and other medics and fill some of the gaps. These roles include Advanced Clinical Practitioner and Physician Associate roles which can take on some clinical responsibilities with supervision.
3. It is essential that all healthcare professionals likely to work with older people are provided with education and training to enable them to work with people with dementia, frailty and other conditions common in older people. The BGS has developed e-learning modules (see link in a.23.a) which would equip people with tier 1, 2 or 3 competencies in dementia and frailty. We know that there are examples of good practice but a systematic approach is needed across the country to ensure that the general workforce is upskilled to work with older people.
4. Management of older people's healthcare must be included within all specialist training content. Training for specialists in other areas must include components on presentations, complications and treatment for older people with frailty. This is particularly important for GP training but also applies to roles across acute, primary and community care.
5. More must be done to enable flexible working within the NHS and social care to permit people to work less than full time or to balance their clinical work with other priorities such as academic research. More must also be done to enable specialisation in older people's care within general roles such as GPs who specialise in older people's healthcare. The BGS has produced a position statement on flexible working within geriatric medicine (link provided in a.23.a).
6. Better utilise the multidisciplinary team to enable tasks to be dispersed but coordinated, resulting in better patient care.
7. More must be done to coordinate with and support the voluntary sector and unpaid carers who pick up much of the care and recovery of older people.
8. Services must be reconsidered to ensure that there is investment in prevention, prehab and rehab as well as providing better care at home. Prevention and care closer to home would result in a reduction of crisis presentations and avoidable hospital admissions whereas prehab and rehab services would ensure that hospital admissions were as short as possible and that patients were well supported upon discharge. This requires the workforce to be deployed in the community and closer to people's homes, rather than focusing on a hospital-based workforce as has been the case until now. A better balance is needed between hospital and community based healthcare professionals to ensure that older people are able to access the care they need in the most appropriate place.

a.23.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

BGS e-learning modules: https://www.bgs.org.uk/e-learning BGS publication: ‘Flexible working in geriatric medicine’: https://www.bgs.org.uk/resources/flexible-working-in-geriatric-medicine

Ambitions for the health and social care system

24.24. In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?

Develop a financially viable structure that includes collaborative working between health, social care, public health, other local services and the third sector to deliver holistic care tailored to the needs, including cultural needs, of the individual and their families.

25.25. In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?

Well trained workforce with all health and care professionals capable of dealing with the generic needs of older people with quick and efficient access to specialist services when needed.

Any further comments

26.26. Please provide any further comments in the space below. Please use this space to add information on factors you felt unable to add under the six drivers of change categories including suggesting a new category the factor(s) would sit within if applicable.

Contacting You

27.27. If you are happy for us to contact you regarding your submission please provide an email address below:

Michael.vassallo@uhd.nhs.uk

Thank you for participating in this Call for Evidence, your time is very much appreciated. Your contribution will be an important part of our work to develop a long-term strategic framework for health and social care workforce planning.

This is the beginning of our collaborative journey and what will be an ongoing conversation. There will be further opportunities to be involved. You can stay up to date with this work via this link.

If you have any further comments or queries, please direct these to strategicframework@hee.nhs.uk

Thank you,

Health Education England