

Health Scrutiny Committee (Lancashire County Council)

Health Education England (North West) Brief

1. Supplementary matter

The Committee at its last meeting on 23 January 2018, considered a report on Delayed Transfers of Care. During discussions there was a query around what work is being undertaken by Health Education England to increase the number of trained Occupational Therapists and Physiotherapists?

2. Physiotherapy & Occupational Therapy

The reforms announced in the Comprehensive Spending Review (CSR) in 2015 have led to significant changes in the way health education funding is provided, from 1 August 2017;

- Most new students in England on nursing, midwifery and AHP pre-registration courses who previously had access to NHS bursaries will instead have access to the standard student support package of tuition fee loans and support for living costs.
- The cap on the number of University places will cease with an ambition of an additional 10,000 students by 2020/21 – this has been increased by a further 5000 nursing places
- Release of £1.2b from HEE to the Treasury by 2020/21 with flat cash for the CSR period for other HEE budgets

Under the healthcare higher education reforms HEE will continue to be responsible for ensuring the NHS has the workforce it needs and will use its ongoing investment in clinical placements to ensure not only that the NHS has the right geographical and professional range of graduates but that only the best are recruited to care for NHS patients.

3. Recruitment to Programmes September 2017

The first cohorts recruitment to the new funding model were in September 2017. Overall recruitment in the North was healthy with the majority of programme matching or exceeding the numbers in September 2016.

	North Planned	North Additional*	North Total
Physiotherapy	525	+143	668
Occupational Therapy	472	+53	525

'North Planned' shows rollover commissions from 2016/17 and 'North Additional' is recruitment over and above that previously funded through HEE. For Lancashire & South Cumbria the data shows an increase of 7 in Physiotherapy for commission (actual increase of 5 because of over-recruitment in 2016). For Occupational Therapy there was a decrease 8, this was primarily in the part time programme and reflects a general decrease across all part time programmes not Occupational Therapy in particular. The data does not include overseas students or students on programmes not previously commissioned by HEE.

	Sept 16	Sept 17
Occupational Therapy- University of Cumbria	58 UG	57 UG
	15 PT UG	8 PT UG (15 commissioned)
	27 PG	27 PG
Physiotherapy- UCLAN	26 UG (24 commissioned)	31 UG

Numbers of applicants to Physiotherapy remains strong and Universities are reporting good levels of conversions to starters; this is reflected nationally. Occupational Therapy is still showing growth albeit not at the same level as Physiotherapy and there are some geographical variations with metropolitan universities tending to recruit higher numbers. It should be noted that this is the first year following the higher education funding reforms so the longer term impact is less clear. In addition there is anecdotal evidence that the profile of students is changing with less mature applicants.

4. HEE support for new supply

While HEE is no longer responsible for the commissioning and funding of pre-registration Occupational Therapists and Physiotherapists programmes it remains responsible for clinical placements. HEE allocates placement tariff for eligible non-medical pre-registration programmes in line with DH Tariff Guidance. Funding is available for the number of students commissioned in 2016/17 and an additional funding for up to 15000 additional students has been made available over the next three years. This funding can be used for nursing or AHP students accessing placements under the existing guidance.

Other initiatives which can impact on the supply of Occupational Therapists and Physiotherapists supported by HEE in L&SC include:

- Careers Hubs – supporting two careers hubs in L&SC with the aim to engage communities, schools and colleges on health and care careers
- Advanced Clinical Practitioners – increasing numbers of ACPs for nursing and AHPs
- Apprenticeship Trailblazers – working with employers to develop standards for higher apprenticeships for pre-registration Occupational Therapy and Physiotherapy routes
- Return to Practice – promoting and supporting return to practice for clinical staff
- Workforce Strategies – as well as a draft health and care workforce strategy (see below), HEE is leading workforce strategies for primary care, urgent care, cancer and mental health and working closely with the STP/LWAB on development and implementation of plans

Additional information from David Marsden, CPWD AHP Network

Occupational Therapy and Physiotherapy Workforce Supply Risks in Lancashire

National Perspective

Occupational Therapy: In terms of the total number of occupational therapy registrants we can see a pattern of strong growth in supply. The overall increase on the HCPC register between 2004 and 2014 was 11,937 (49.3%). However of this growth 10,306 was in employers other than the English NHS, a growth of 131.8% versus 1,631 in the English NHS, growth of 10.0%. This disparity has actually increased in the past five years with total growth of 6,006 (19.9%) being split 5,702 (45.9%) in other employers and only 304 (1.7%) in the English NHS. The NHS occupational therapy workforce increased from 15,222FTE in March 2010 to 15,503FTE as at March 2015, an increase of 282FTE (1.9%). Over the same

period the increase in all registrants was 13.4%, again indicating that the NHS may not be accessing its proportionate share of available supply. Forecasts indicate that by 2020 the available workforce to the NHS will have increased by between 3,307 and 6,253 WTEs; with the differing scenarios reflecting uncertainty about the destination of leavers and the source of joiners, but are actual observed movements from and into NHS employment. Within a system in which the workforce is growing by between 4,000 and 6,000 every five years, then this demand as well as the requirements of other sectors would appear to be achievable. There is clear indication that current levels of training can sustain growth in supply, although there appears to be a real challenge in ensuring the NHS accesses its proportionate share of this supply.

Physiotherapy: In terms of the total number of physiotherapy registrants we can see a pattern of strong growth in supply. The overall increase on the HCPC register between 2004 and 2014 was 14,654 (39.6%). However of this growth 10,787 was in employers other than the English NHS, a growth of 60.5% versus 3,867 in the English NHS, growth of 20.2%. This disparity has actually increased in the past five years with total growth of 6,937 (15.5%) being split 5,915 (20.6%) in other employers and only 1,022 (4.6%) in the English NHS.

The NHS physiotherapy workforce has increased from 18775.2FTE in March 2010 to 19560.8FTE as at March 2015, an increase of 785.6 FTE (4.1%). Over the same period the increase in all registrants was 15.5%, again indicating that the NHS may not be accessing its proportionate share of available supply. Forecasts indicate that by 2020 the available workforce to the NHS will have increased by between 302 and 5,172 WTEs; with the differing scenarios reflecting uncertainty about the destination of leavers and the source of joiners, but are actual observed movements from and into NHS employment. NHS provider partners indicate that they require approximately 2,521FTE (12.9%) growth in the physiotherapy workforce by 2020 to address current shortage and meet increased demand. Within a system in which the workforce is growing by between 5,000 and 8,000 every five years, then this demand as well as the requirements of other sectors would appear to be achievable. There is a clear indication that current levels of training can sustain growth in supply, although there appears to be a real challenge in ensuring the NHS accesses its proportionate share of this supply.

Lancashire

Physiotherapy and Occupational Therapy recruitment status

- No difficulty in recruiting to Band 5 posts. Sometimes need to advertise twice to get the right staff.
- Often difficulty recruiting to Band 6 posts, particularly for specialist areas such as:
 - Mental health (both professions)
 - Respiratory (Physiotherapy)
- Difficulty recruiting bank staff so increase pressure when there are vacancies
- Difficult recruiting Physiotherapy locums
- Blackpool have significant recruitment issues and are promoting recruitment in Dubai and Qatar.

Workforce supply issue with other AHPs

- Significant difficulty recruiting experienced Dietitians, Speech and Language therapists
- Senior Radiography staff retention is leading to pressures on services eg LTHFT have lost 1x Band 8a, 1x Band 7 and 3 x Band 6 staff to the PBT centre. No issues recruiting newly qualified staff.

Reasons for recruitment and retention difficulties

- Some staff are leaving at 55 in line with pension entitlement
- Effect of CIPs:
 - affect recruitment speed ie vacancies are held
 - senior & specialist posts are often disestablished which affects career pathways/leadership and in turn recruitment and retention.
- Restructures: 'unsettle' the workforce and affect retention
- AHPs are moving into new roles to help solve system issues

Further comments

- There was a suggestion that Trust haven't promoted AHP careers but are starting to do this.
- One Trust suggested that AHP representation on the LWAB may assist in resolving supply issues early on in the supply pipeline.

Summary

Nationally, there appears to be enough occupational therapists and physiotherapist to meet demand in the NHS, however the supply isn't always reaching the NHS. In Lancashire the picture is varied but there seems to be little problem recruiting junior staff but varying levels of difficulty across Lancashire recruiting senior/experienced staff in occupational/physiotherapy roles. Likewise with SLT, Dietetics and Radiography. All Trust pointed to the effect of restructure, CIP as contributing to the recruitment challenges.

David Marsden
15.2.18