Multidisciplinary reflections on the NHS long-term workforce plan

Three professionals working in different areas of healthcare reflect on the implications of NHS England’s first long‑term workforce plan for England across acute care, mental health services and the UK’s health and care education system.

**Acute and emergency care**

Robert Conway, emergency medicine registrar

As an emergency medicine trainee, I have worked closely with or in acute medicine, ambulatory care and primary care. Experiences of these jobs can vary depending on the location and season, but the challenges facing these areas of care are becoming increasingly apparent. Accident and emergency departments are struggling to meet the 4-hour target, secondary care waiting times remain high and public satisfaction with the NHS continues to fall (Morris et al, 2023). NHS England’s (2023) long-term workforce plan recognises these incredibly complex issues and proposes solutions to address them, but will these proposals be able to effectively tackle the challenges facing acute care? The first key emphasis of the plan is training: how can the NHS train more staff of sufficient quality to meet the increasing and shifting health needs of the UK over the next 20 years? Medical rota gaps are commonplace in England; in 2018, over a quarter of doctors surveyed reported that rota gaps had an impact on patient safety (British Medical Association, 2018). It is also widely accepted that the UK’s ageing population means that patient care will become more complex, requiring increased staffing. The NHS long-term workforce plan sets ambitious targets, including substantial increases in the number of NHS doctors, nurse and associate and allied healthcare professionals, in order to address the mounting vacancy rate of over 112000 (NHS England, 2023). For years, applicants to specialties considered ‘underfilled’, or difficult to recruit or retain in, have been frustrated by the high competition ratios to enter training (Health Education England, 2023). However, the financial and logistical challenges associated with this problem are not fully discussed or addressed in the long-term workforce plan. To meet targets for increasing the number of doctors, for example, there needs to be a significant increase in the UK’s higher education capacity. Yet, many of those involved in the training of medical students and graduates are, unsurprisingly, medical staff themselves. This will likely make it difficult to sufficiently increase the training capacity of higher institutions without exacerbating staff shortages within healthcare services. It is also important to recognise that the proposed changes are set against a backdrop of academic industrial action, as well as a growing number of students with additional needs and mental health issues (Lewis and Bolton, 2023). The workforce plan also highlights the importance of training methods for healthcare professionals, noting that more apprenticeships are needed to increase the diversity of those working in the NHS and alleviate some of the logistical challenges to providing healthcare education. Additionally, talks are in place to attempt to reduce the length of healthcare degrees (NHS England, 2023). However, these programmes will need to be carefully scrutinised in the coming years. Anecdotally, students have often been frustrated when learning intricate physiology, as they may not see the direct relevance of this in day-to-day clinical practice. However, as most senior practitioners would attest to, this deep understanding of physiology and anatomy is incredibly important in clinical practice. Many regard healthcare degrees as some of the most challenging in the country; is it feasible to compress them further without impacting students’ learning? There is a risk that attempting to do so could also reduce their ability to engage in extra-curricular activities, such as sports, that may teach them invaluable transferable skills.

Many NHS staff who have taken industrial action during the last year have highlighted the importance of increasing pay for the retention of highly qualified and specialised staff (Baines, 2022). The long-term workforce plan places a welcome emphasis on retention, describing various strategies to improve this. Some of these initiatives were trialled during the COVID-19 pandemic, such as encouraging retired doctors to help with clinical activities as part of the Emeritus scheme. Tie-in agreements are mentioned as possible solutions to ensure that individuals who are trained within the NHS stay within the service for a defined period of time. Refreshingly, emphasis is also put on protecting the diversity, individuality and physical, mental and spiritual needs of NHS employees. Wellbeing initiatives and occupational health will be crucial for this. Although these objectives are in place, they have been made against a backdrop of incredibly complex and challenging circumstances, so must be delivered with care. For example, a previous commitment to increasing the number of practicing GPs actually resulted in fewer full-time equivalent staff in general practice (British Medical Association, 2023). Reform comprises the third part of the workforce plan. Reassuringly, the plan places a strong emphasis on preventative medicine and primary care. Previous interventions, such as those implemented in Southampton, have shown that allocating resources to primary care and community settings can significantly improve non-elective attendances and admissions (NHS England, 2018). This will not only require logistical and financial reforms, but also an educational shift across all healthcare professions. Technology is also an important part of the plan; personalised medicine and artificial intelligence are highlighted in particular as showing promise in diagnostic and therapeutic medicine, as well as potentially reducing the number of staff required in parts of the NHS. Yet, as many readers will be aware, implementing new technology, even on a trust-wide basis, can be an enormous logistical task. A further concern regarding the long-term workforce plan is how entwined it is with social care. Significant and increasing numbers of patients are awaiting social care input, contributing to shortages in acute medical beds and increasing costs and harm to patients (The Health Foundation, 2023). For the workforce plan to succeed, a significant degree of success in social care reform will be needed. In particular, flow out of hospitals must be improved in order to free up the resources required to address care backlogs. For several years, there has been evidence that the status of the NHS has been declining – this is likely a result of many complex factors, including the COVID-19 pandemic, complex demography and the ever-changing global political stage. The workforce plan is a welcome initiative to identify the need to train, retain and reform the NHS for the benefit of patients. The targets set need to be ambitious in order to address modelled statistics. However, these targets naturally incur significant challenges and only time and continuous assessment will reveal how well they are met.

**Mental health services**

Pallab Majumder, consultant child and adolescent psychiatrist

NHS England’s long-term workforce plan covers mental health service provision in detail, but many of the plan’s general points about workforce planning, recruitment and retention can also be applied to the mental health services. The plan highlights that, without intervention, the shortfall in full-time equivalent mental health and learning disability nursing staff will be more than 17 000 by 2036–7 (NHS England, 2023). At the same time, services are experiencing increased referrals, acuity and complexity of presentations to mental health services. The long-term workforce plan notes that the proportion of adults experiencing depression almost doubled during the COVID-19 pandemic and, by June 2022, there were 1.23 million people waiting for their second contact from a mental health service. In the light of these challenges, the long-term workforce plan acknowledges the need for a major shift in patterns of service design, delivery and workforce planning to ensure a sustainable, well-functioning and efficient mental health service (NHS England, 2023).

**Promising strategies**

Many of the strategies highlighted in the workforce plan could help to improve the short and long-term healthcare outcomes and overall wellbeing of the nation. The author believes that focusing on public health, drawing more attention to early intervention and preventative care, integrating health and care, and boosting primary and community care could all help to address the root causes of the problems faced by the healthcare system. Strengthening multidisciplinary teams, as well as further developing new innovative roles such as mental health and wellbeing practitioners and educational mental health practitioners, will likely help to establish more holistic interventions and improve patient access. In particular, facilitating peer support from those who have lived experience of a health condition and can support others to develop the knowledge, skills and confidence to effectively manage their condition has the potential to make a considerable difference in service access, engagement and outcomes (White et al, 2020). The long-term workforce plan also outlines the aims of providing further investment for mental health care and embedding the principles of parity of esteem between physical and mental health. For example, the plan aims to increase the number of mental health and learning disability nursing training places, on par with increases in physical health nursing places. It also sets the goal of increasing training places in clinical psychology and child and adolescent psychotherapy by 26% by 2031–2, as well as expanding the number of undergraduate and postgraduate medical training places. All of these initiatives are overdue and welcome changes that the author believes are necessary for the survival and effectiveness of the NHS. In the last 20 years, alcohol-related deaths have increased by a substantial proportion (89%) (House of Commons Committee of Public Accounts, 2023). Despite this, there has been no alcohol-focused strategy since 2012, and the latest plans to publish such a strategy were abandoned in 2020. Furthermore, the collective spending of UK local governments on alcohol and drug services was 27% lower in 2021–22 compared to 2014–15 (House of Commons Committee of Public Accounts, 2023). Therefore, the planned development and expansion of the drug and alcohol treatment and recovery service by investing in the workforce and committing additional funding of £532 million is another welcome initiative outlined in the long-term workforce plan. NHS England will work with the Department of Health and Social Care to develop this service over the coming years, as part of the government’s 10-year drug plan (Home Office et al, 2022).

**Areas of concern**

Focus on outcomes

Outcomes in mental health care can be defined narrowly (quantitative, short-term, routine outcome measures) or widely (long-term, life-trajectory or functional outcome measures) at the level of strategic direction setting and policy making. Narrowly defined outcomes are easier to quantify, but widely defined outcomes represent a more meaningful reflection of the health and wellbeing of the population and the nation as a whole. Therefore, caution should be exercised to ensure that outcomes are clearly defined and balanced to truly reflect the impact of the mental healthcare interventions. This also has considerable implications for how mental health care is perceived by society, as well as patients’ expectations of the success (or lack thereof) of mental health interventions.

Shifting the focus of care

While shifting the focus from inpatient mental health care to community-based care is an appropriate move, a careful balance between these types of provision is needed, so this shift must be executed with caution. Lessons can be learned from the history of de-institutionalisation of mental health asylums in the 1960s, which showed that well commissioned, adequate and robust alternative community provisions must be established before hospital beds are decommissioned. Similarly, moving away from episodic care towards more ongoing chronic care must be balanced with strengthening early intervention, providing patients with the tools to improve wellbeing and preventing deterioration, rather than inadvertently enhancing or facilitating health service dependency. Generalist skill development. With growing rates of multimorbidity, generalist practitioners are likely to need advanced skills to assess, diagnose and manage patients with complex mental health needs involving

multiple comorbid conditions. However, the long-term workforce plan’s strategy to increase skill development among generalists needs to be embedded in a support system where adequate facilities for consultation and liaison with specialists are available when required. Developing a mental health practitioner role within general practice for both adults with severe mental health needs and children and young people with mental health needs is also likely to be challenging. Practitioners must be able to access consultation, supervision and support, not only while developing their skillsets, but also on an ongoing basis after they have undertaken this training. This would also apply to educational mental health practitioners working in mental health support teams based in schools and colleges, which are already establishing themselves as a service, with the aim of expanding in the coming years.

**Increasing mental health staff across the NHS**

Increasing the number and proportion of NHS staff working in mental health across all parts of the NHS is a laudable aim and would likely enhance and reinforce preventative care and early intervention. However, training and skill development must be robust, and trainers must have the capacity to deliver high-quality education, so that quality of mental health assessments and effectiveness of care is not compromised. The long-term workforce plan also sets out to invest £600 million to train approximately 15000 more individuals for psychological therapist and psychological practitioner roles. This is a welcome initiative, as children, young people and adults with mental health needs are often left waiting for months or even years to access psychological and therapeutic support, which can result in further decline in their presentations and increase their acuity, complexity and risk (Punton et al, 2022). However, any initiative to increase training places will need to be carefully planned and delivered so that trainees receive high-quality, robust and comprehensive education—it is crucial that the service does not resort to brief, superficial and ineffective training courses in a rush to achieve a target. A substantial increase in effective training capacity will be possible only with considerable input from experienced trainers, who must be afforded protected time to allow them to deliver high-quality training.

**Potential gaps in the long-term workforce plan**

Workforce planning in areas of need

The long-term workforce plan states that a higher proportion of the additional medical students will carry out their postgraduate training in locations and services with the greatest shortages (NHS England, 2023). Although this strategy was developed with the well-placed aim of addressing workforce gaps in areas with the greatest need, it has some significant potential pitfalls. Medical students and postgraduate trainees will likely have their own preferences or requirements regarding where they want to train (and, therefore, live), and which specialty they want to pursue. Consequently, they may reject top-down directives that attempt to send them to areas where they are most needed. It may be more effective to create a more measured strategy, such as strengthening the ‘pull’ factor for areas and specialties with high levels of need, as was seen in the Royal College of Psychiatrists’ ongoing ‘choose psychiatry’ campaign. This may be received better than using ‘push’ factors to force students and trainees into certain areas.

**Trauma-informed care**

The impact of adverse childhood experiences, deprivation, neglect, abuse and other developmental trauma on physical and mental health outcomes, personality development, global functioning and long-term life chances has been well established. Despite this, the long-term workforce plan does not explore the significance of increasing trauma-informed care in its discussion of training and development of the NHS workforce. The author believes that any long-term plan aiming to address the healthcare outcomes of the population should include the training of healthcare professionals regarding the impact of early life adversities and developmental trauma on health and wellbeing. This training should apply to all individuals working in health and social care, regardless of their specialism. In addition, prevention and early intervention strategies should include initiatives to train professionals at every level of health and care services on trauma-informed care, as well as trauma- and attachment-focused psychological therapies where appropriate.

**Encouraging optimism**

Overall, NHS England’s long-term workforce plan is a progressive, evidence-based and ambitious plan; many of its strategies have the potential to deliver significant positive change for NHS staff, services and patients. Nevertheless, the operational leaders of healthcare, social care and other related agencies, both at national and local levels, must be aware of the potential pitfalls (the ‘known unknowns’) and the possible blind spots (the ‘unknown unknowns’). The points mentioned in this reflection are not exhaustive, but offer a general sense of the importance of considering the strengths and risks inherent in each strategy described in the plan. These factors must be thoroughly considered and addressed. Focusing on public health, prevention, early intervention and service integration to produce a genuinely holistic biopsychosocial care model would be a step in the right direction for mental health services and the NHS as a whole. Boosting primary and community care, developing and strengthening roles such as peer support workers, improving training and growing the workforce are all important and welcome aims. However, it will be important to take a balanced and nuanced approach to the planning and implementation of each of the measures set out in the long-term workforce plan in order to achieve the best results. There is reason to be hopeful for the coming months and years, and the author believes that it is important to propagate a feeling of optimism among stakeholders regarding the plan—the impact of which may be more significant than has yet been realised.

**Healthcare education and training**

Nita Muir, registered nurse and academic leader

When the NHS was established 75 years ago, there were great aspirations for a new healthcare system that would respond to the nation’s health needs. However, the current system is facing many challenges, including an ageing population that places a higher demand on healthcare delivery, in an environment of chronic shortages of qualified staff. There are over 112000 staff vacancies across the NHS, with an overall predicted shortfall of 260000 to 360000 staff by 2036–7 (NHS England, 2023). Nursing is experiencing particularly high levels of shortages, with the Nuffield Trust (Palmer and Rolewicz, 2022) and the King’s Fund (Holmes, 2022) identifying that, based on current trends, the NHS will have a shortfall of 108000 full-time equivalent nurses within 10 years. England is currently seeing the highest number and proportion of nurses leaving the NHS ever recorded (NHS England, 2023). It is clear that urgent action is needed; without intervention, patient experiences, service capacity and transformation opportunities will continue to be adversely affected. Historically, workforce planning has been the responsibility of local NHS providers, which has resulted in short-term action, with no system-wide metrics and a lack of safe staffing levels, which has left the NHS exposed, both locally and nationally (Buchan, 2023). NHS England’s (2023) long-term workforce plan aims to address these issues and increase the sustainability of the NHS by ensuring that the right number of skilled professionals, and the appropriate support, are placed in the right areas to deliver high-quality, accessible care. The long-term workforce plan is ambitious, and it has been generally recognised that the strategies it lays out offer a modern approach to the complex challenge of supporting state-funded healthcare. The plan acknowledges that demand is growing in specific populations and geographical areas, with the ageing population meaning that demand on healthcare is likely to continue increasing. There is also recognition that the shortfall of NHS staff is a result of a range of push and pull factors, including the retirement of older staff members, a lack of training and development opportunities, and the high numbers of staff deciding to leave the service. In light of these factors, the plan sets out three key priorities (NHS England, 2023):

1. Train and the grow the health and care workforce by expanding UK-based education, training and recruitment to bring more qualified healthcare professionals into the NHS

2. Retain existing staff by improving culture, leadership and wellbeing, with the aim of reducing the number of staff who leave the NHS by up to 130000 over the next 15 years

3. Reform the system by working and training differently, developing new roles within multidisciplinary teams and implementing digital innovations that can enhance service delivery, allowing staff to allocate more time to patient care.

The author has previously outlined the crucial role of universities in the development of the health and care workforce, highlighting the continued need for healthcare professional educators in order to expand the UK’s capacity for high-quality education (Muir, 2023). If the long-term workforce plan is to be successful, collaborative social partnerships with higher education providers will be required. On top of the existing financial commitments, the government has pledged £2.4 billion over 5 years for education and training to develop the next generation of NHS staff (NHS England, 2023). Universities and integrated care systems must work collaboratively to prepare for the proposed major expansion of training and education places, both via traditional UCAS applicants and apprenticeships. For example, in order to reach the workforce plan’s target of nearly 38 000 adult nursing training places by 2031–2, the number of existing places will need to double. Additionally, the number of training places will need to increase significantly during the next 6 years so that at least 8000 more adult nurses can start training in 2028–9. There will also need to be greater capacity in mental health nursing training places to meet targets in this area. This substantial expansion in healthcare education will require an increase in placement capacity, higher numbers of appropriate applicants and a reduction in course attrition rates. Actions that could enable this include a financial package to support students, as otherwise there is a risk of a two-tiered system between UCAS-applicant students who are paying fees with a minimal bursary and are wholly supported by their university, and those applying for apprenticeships who are supported by employers, do not pay course fees and receive a salary (Dickinson, 2023). Although the workforce plan gives little detail about the financial element, there is greater clarity around the use of the apprenticeship funding to support employers with associated costs, in alignment with wider government funding policy. The plan aims to increase apprenticeship training places by 102225 (16%) by 2028 and 131738 (22%) by 2031 (NHS England, 2023). Apprenticeships are important, as there is less opportunity to expand via undergraduate routes without a clear and focused national recruitment campaign. Therefore, a greater proportion of the expansion will need to be via apprenticeship routes, including in medicine. Medical school places for student doctors will be doubled to 15000 a year (with 500 new places in 2025), with a 50% increase in GP trainee places for junior doctors. Alongside this, a new apprenticeship for doctors will be launched in 2024 (NHS England, 2023). The NHS workforce also needs the skills to be more active in research and education. Providing roles with dedicated time for research can drive best practice and evidence-based care, as well as boosting staff retention (Rees and Bracewell, 2019). Equally, staff members need access to high-quality learning at all stages of their career. To meet the needs of a growing workforce, the NHS will need to build educator and supervisor capacity and capability. The following are some key applied recommendations for the implementation of the plan in the short term, developed by the author based on ground-level analysis:

■ Enable the expansion of educational capacity in all clinical areas, both in terms of increasing educators and implementing infrastructure

■ Expand clinical placement capacity through local integrated care system coordination and management, which could improve local workforce supply and retention

■ Make NHS career routes more visible nationally to promote recruitment of both young people and second-career adult learners

■ Invest the financial support necessary to allow efficient expansion and incentivise growth in the right professions and geographical locations (such as ground-level transport support in rural areas to enable placement access)

■ Enable all clinical employers to offer apprentice routes through a clear infrastructure

■ Expand accelerated healthcare profession courses, such as shortened postgraduate diploma routes

■ Improve working conditions, such as systems, processes and estates, to support staff wellbeing and increase retention

■ Make the best use of technology to improve the efficiency and productivity of education for both apprentices and students. NHS England’s long-term workforce plan is welcomed, but there needs to be more detail to understand how it can be applied effectively and efficiently. Current challenges relating to staff pay and difficulties attracting students to health and care professions may also be limiting factors that must be addressed if the plan is to be successful.

Author details:

1 Oxford University Hospitals NHS Foundation Trust, Oxford, UK

2 Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire, UK

3 School of Nursing and Allied Health, University of Chichester, Chichester, UK

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