

Agenda Item 4

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 July 2023
Subject:	Chairman's Announcements

1. Humber Acute Services Programme

The Humber Acute Services Programme is reviewing the acute hospital services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), and Hull University Teaching Hospitals NHS Trust. In addition to Goole, NLaG provides hospital services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital. Both of these hospitals are used by Lincolnshire residents. On 3 July 2023, the Humber Acute Services Programme issued its latest newsletter. The key points are set out below:

Content of Humber Services Review Pre-Consultation Business Case

Following discussions between NHS England and the Humber and North Yorkshire Integrated Care Board, which hosts the review team, maternity and neonatal services have been 'decoupled' from Humber Acute Programme, so that a more comprehensive review can be undertaken of these services to reflect on current provision and national developments.

A pre-consultation business case is being prepared for the remaining two services in the programme: urgent and emergency care; and paediatric services. This pre-consultation business case for changes to these services is due to be considered by the North Yorkshire and Humber Integrated Care Board on 12 July 2023.

Next Steps

Once the pre-consultation business case has been approved, it will be submitted to NHS England for its assurance. The review team is intending that this is approved by NHS England during late July and August 2023, so that a full public consultation is likely to begin from September 2023.

Joint Humber and Lincolnshire Health Overview and Scrutiny Committee

In accordance with regulations, a joint committee has been established comprising three members from each of the five local authorities covered by the acute services programme's footprint. In addition to Lincolnshire County Council, the other four councils are: East Riding of Yorkshire Council; Hull City Council; North Lincolnshire Council; and North East Lincolnshire Council. If the consultation timetable goes to plan, a meeting of this joint committee would be expected in September or October. Aside from the statutory consultation role of this joint committee, the Health Scrutiny Committee for Lincolnshire has previously recorded its intention to keep track of developments.

The Likely Content of the Consultation

There has been no definitive statement on the likely content of the pre-consultation business case or the consultation proposals, as pre-consultation engagement activity has been conducted in general terms, rather than on services specific to particular site. However, reports by the Yorkshire and Humber Clinical Senate¹ have been published, and have provided an indication of the likely proposals.

In the most recent Clinical Senate report, the focus was on the configuration of acute services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital, with the following options:

- Option 1: acute hospital with a trauma unit and a local emergency hospital with an obstetric-led maternity unit.
- Option 2: acute hospital with a trauma unit and a local emergency hospital without an obstetric-led maternity unit.

Either Diana, Princess of Wales Hospital, Grimsby, or Scunthorpe General Hospital will remain as an acute hospital with a trauma unit. One of these two hospitals would be downgraded to a local emergency hospital. It is not clear from the Clinical Senate's report which hospital would be downgraded. There are no proposed changes to Goole District Hospital, with minimal changes to the hospitals operated by Hull University Teaching Hospitals NHS Trust, so the impact of the changes is far greater on Greater Lincolnshire than the East Riding of Yorkshire or Hull.

Appendix B provides some key extracts from the Clinical Senate's report, but it should be read bearing in mind the latest statement from the Humber and North Yorkshire ICB that maternity and neonatal services have been 'decoupled' from Humber Acute Programme.

¹ Clinical senates were established in 2013 on a regional basis as a source of impartial clinical advice for commissioners on their major proposals for health care. Clinical senates comprise independent clinicians and patient representatives and appoint panels to conduct reviews of proposals. Clinical senate reports are relevant and key consideration for NHS England in its assurance process.

2. Norton Lea, Boston – New Mental Health Hub

A planning application has been approved for Lincolnshire Partnership NHS Foundation Trust's (LPFT's) new 19-bed mixed-gender inpatient ward at the Norton Lea site, London Road, Boston. The project is part of an investment programme to replace outdated dormitory style accommodation, which is currently located at Ward 12, Pilgrim Hospital. In addition, the new site will include other mental health support services, making it a mental health hub for the people of Boston and surrounding areas.

All inpatient rooms in the new inpatient ward will have ensuite accommodation. The design of the new site will give all patients ground floor access to a courtyard, and there will also be a nature garden for patients, something which is proven to offer therapeutic value and to help support recovery.

On 12 October 2023, this Committee recorded its support for the new development. The report and minutes can be found at: [Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 12th October, 2022, 10.15 am \(moderngov.co.uk\)](#)

3. United Lincolnshire Hospitals NHS Trust - Clinical Strategy for 2024-2029.

On 30 June 2023, United Lincolnshire Hospital NHS Trust (ULHT) announced that it was beginning the process of developing its new clinical strategy for 2024-29. ULHT has stated that this strategy will bring together the views of staff, patients and the public in setting out an ambitious vision for the future of clinical services in ULHT hospitals, with the aim of providing *Outstanding Care, Personally Delivered*.

As a first step, ULHT is seeking the views of patients, carers and communities across Lincolnshire, to make sure it meets the needs of the local population: [please fill in this short survey](#). The survey closes on Friday 21 July, and the views shared will be used in the next stage of the development of this exciting new strategy. Details were emailed to members of the Committee on 30 June 2023.

4. Non-Emergency Patient Transport Service – East Midlands Ambulance Service

On 1 July 2023, the East Midlands Ambulance Service (EMAS) became the provider of Lincolnshire's non-emergency patient transport service, replacing HTG-UK, formerly known as the Thames Ambulance Service. NHS Lincolnshire Integrated Care Board (ICB), the commissioner of the service, has advised that the service transitioned to EMAS as planned at midnight on 30 June. There are two daily calls in place between staff at the ICB and EMAS to address any teething troubles.

5. Healthwatch Lincolnshire – Annual Report 2022-23

Healthwatch Lincolnshire has published its annual report for 2022-23. Entitled *We're Making Health and Social Care Better* (28 pages), the report highlights that 3,689 people shared their experiences of health and social care with Healthwatch; 3,627 people sought advice and information; there were 36,846 page views on the website; and there was a reach to 371,989 people via Facebook. Healthwatch was supported by 36 volunteers who between them gave 1,657 hours to the activities of Healthwatch.

Healthwatch highlighted the following achievements:

- 336 people shared their views on how they were impacted by health inequalities.
- Healthwatch supported the CQC in its development and approach for regulatory assessment of integrated care systems.
- Healthwatch supported the *#BecauseWeAll Care* campaign, which saw 54,000 people come forward to share information on the issues they faced with services.
- Healthwatch's @YourVoice event saw 100 people attend to participate in round table discussions.
- Healthwatch published *So What?*, a report on how providers responded to patient concerns.
- Healthwatch raised concerns at a national level about people's access to NHS dental services.

The full report is available at the following link: [Annual Report 2022/2023 - Together we're making Health and Social Care better | Healthwatch Lincolnshire.](#) I would like to congratulate Healthwatch Lincolnshire on their activities during the course of the last year, and look forward to continued involvement with this Committee's activities. I would also like to pay tribute to Sarah Fletcher, who has been Healthwatch's Chief Executive Officer since 2013, and who is leaving the organisation at the end of July 2023.

6. NHS Long Term Workforce Plan – June 2023

On 30 June 2023, NHS England published its Long Term Workforce Plan, 151 pages, which received the full support of the government. The document included an overview, setting out the main initiatives and objectives, which is set out at Appendix B to these announcements. The full NHS England document can be found at [NHS England » NHS Long Term Workforce Plan](#)

7. Targeted National Lung Cancer Screening Programme

On 26 June 2023, the Government announced a targeted lung screening programme for people aged 55 to 74 with a history of smoking, at eventual annual cost of £270 million. The programme is expected to detect cancer in as many as 9,000 people from over 900,000 scans each year, and lead to their earlier treatment and in turn improved survival rates. The first phase of the scheme will reach 40% of the eligible population by March 2025, with the aim of 100% coverage by March 2030. The Government states that additional radiographers, due to be appointed as part of the NHS's long term workforce plan, will help to support the programme.

The programme will use GP patient records for those aged 55 to 74 to identify current or former smokers. Patients will have their risk of cancer assessed based on their smoking history and other factors and those considered at high risk will be invited for specialist scans every two years, until they pass the upper age limit.

Lung cancer has one of the lowest survival rates of all cancers, which is largely attributed to often late diagnosis when treatment is much less likely to be effective. Treating cancer early improves people's chance of survival, with 60% of people currently surviving stage 1 cancer for five years or more, compared to 4% surviving for five years at stage 4.

8. National Defibrillator Fund for Community Organisations

On 28 June 2023, the Department of Health and Social Care (DHSC) announced that community organisations would be able to make bids from a national fund of £1 million for a community automated external defibrillator. Interested organisations have been invited to register expressions of interest. Applicants will be asked to demonstrate that defibrillators will be placed in areas where they are most needed, such as places with high footfall, where there are vulnerable people, or in rural areas, or due to the nature of activity at the site.

The DHSC estimates 1,000 new defibrillators will be provided by the fund, with the potential for this to double as successful applicants will be asked to match the funding they receive partially or fully. Organisations can submit an expression of interest [here](#).

9. The Hewitt Review – An Independent Review of Integrated Care Systems

As reported to this Committee on 19 April 2023, *The Hewitt Review – An Independent Review of Integrated Care Systems* was published on 4 April 2023. The Rt Hon Patricia Hewitt had been commissioned by the Secretary of State for Health and Social Care to consider how the oversight and governance of integrated care systems could best enable them to succeed.

On 14 June 2023, the Department of Health and Social Care (DHSC) published its response to the *Hewitt Review*, which was combined with DHSC's response to the House of Commons Health and Social Care Select Committee's report on *Integrated Care Systems: Autonomy and Accountability*. The full DHSC response is available at: [Government response to the HSCC report and the Hewitt Review on integrated care systems - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/government-response-to-the-hsc-report-and-the-hewitt-review-on-integrated-care-systems). The sections relevant to health overview and scrutiny committees are summarised below:

Role of Health Overview and Scrutiny Committees

The Hewitt Review recommended that health overview and scrutiny committees should have an explicit role as 'system' overview and scrutiny committees, and the DHSC should work with local government to develop a renewed support offer to health overview and scrutiny committees and to provide support to integrated care systems, where needed in this respect.

In its response the DHSC has stated that it plans to refresh the guidance later this year to emphasise the role of these committees in scrutinising systems, which will include examples of best practice and reflect existing statutory guidance.

DHSC has also stated in its response that it will work closely with local government and integrated care systems to identify how to support health overview and scrutiny committees on outcome-focused, balanced, inclusive, collaborative and evidence-informed overview and scrutiny of integrated care systems. This support could include providing necessary resources, guidance, and expertise to these committees.

Unlike most other areas in England, Lincolnshire is one health and care system, with one Health Scrutiny Committee, so this means there will be no need for a standing joint health overview and scrutiny committee, which is the likely outcome in other areas.

10. Continuation of Free NHS Prescriptions for People Aged 60 – 66

During 2021, the government held a consultation on whether the availability of free NHS prescriptions should be aligned with the state pension age, currently 66. On 15 June 2023, the government announced that after taking account a number of factors, including current cost of living and increased medical needs due to an ageing population, that free NHS prescriptions would continue from the age of 60.

11. Influenza Vaccination for Secondary School Pupils

On 4 July, the government announced a further expansion of the influenza vaccination programme to include an offer of a free vaccination to secondary school pupils (from years seven to eleven) for the 2023-24 winter season. This expands the previous plans for the winter of 2023-24, in which the vaccine would be offered to all primary school children and pre-school infants. The vaccine will take the form of a nasal spray and be delivered in schools from the beginning of the autumn term. As well as providing young people with extra protection, the government is stressing the importance of the expanded programme provides indirect protection to vulnerable groups, by limiting the spread of the virus.

12. North West Anglia NHS Foundation Trust – Appointment of Chief Executive

On 10 July 2023, North West Anglia NHS Foundation Trust (NWAFT) announced the appointment of Hannah Coffey as its new Chief Executive. Hannah Coffey will join NWAFT on 11 September 2023 and replaces Caroline Walker, who is retiring and will complete her last day at the Trust on 15 September 2023. The Committee usually receives an annual update from NWAFT, and this has been presented by Caroline Walker, since her appointment as Chief Executive in 2018.

Extracts from Yorkshire and Humber Clinical Senate Report²

2023 Senate Review – Model of Care Options

The current models of service delivery are presented below in table 1:

Table 1: Current Service Provision

Diana Princess of Wales Hospital, Grimsby	Scunthorpe General Hospital
<ul style="list-style-type: none"> • 24/7 Emergency Department • Trauma Unit • Assessment Unit • Same Day Emergency Care • Short Stay • Emergency Surgery • Critical Care and Anaesthetics 	<ul style="list-style-type: none"> • 24/7 Emergency Department • Trauma Unit • Assessment Unit • Same Day Emergency Care • Short Stay • Emergency Surgery • Critical Care and Anaesthetics • Hyperacute Stroke Services
<ul style="list-style-type: none"> • General Medical In-patients • Care of the Elderly Inpatients • Cardiology, Gastroenterology and Respiratory Inpatients • Trauma Inpatients • Acute Surgery In-patients 	<ul style="list-style-type: none"> • General Medical In-patients • Care of the Elderly Inpatients • Cardiology, Gastroenterology and Respiratory Inpatients • Trauma Inpatients • Acute Surgery In-patients
<ul style="list-style-type: none"> • Obstetric-led Maternity Unit • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric In-patients 	<ul style="list-style-type: none"> • Obstetric-led Maternity Unit • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric In-patients
<ul style="list-style-type: none"> • Day Case Surgery • Elective In-patient Surgery • Outpatient Clinics 	<ul style="list-style-type: none"> • Day Case Surgery • Elective In-patient Surgery • Outpatient Clinics

In response to feedback from the previous Senate reviews in 2020 and 2022, and further subsequent comprehensive evaluations of the models of care under review, the Senate was presented with potential models of care delivered from a hospital configuration involving one hospital in the northern Lincolnshire area being designated as an acute hospital (either Diana, Princess of Wales Hospital or Scunthorpe General Hospital) and the other a local emergency hospital (either Diana, Princess of Wales Hospital or Scunthorpe General Hospital) with

² The full title is *Clinical Senate Review of Humber Acute services at Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust on behalf of NHS Humber and North Yorkshire Integrated Care Board*. The report was ratified by the Senate in April 2023 and published in May 2023.

enhancement to some services delivered from Hull Royal Infirmary, which would provide additional urgent care services, additional diagnostic and planned services and continue to serve the region as a specialist centre, providing the major trauma centre, as well as increased capacity in the level 3 neonatal intensive care unit. Castle Hill Hospital and Goole District Hospital would remain a specialist elective centre and elective hub respectively.

The Senate was asked to appraise and provide clinical assurance that the models of care are clinically viable, sustainable, provide good quality care and support the improvement of health inequalities. It was also asked to provide assurance that all assumptions and clinical interdependencies have been fully considered. Within the acute and local emergency hospital model, two variations of possible service distribution were presented:

- Option 1: acute hospital with a trauma unit and a local emergency hospital with an obstetric-led unit
- Option 2: acute hospital with a trauma unit and a local emergency hospital without an obstetric-led unit

Option 1 – Acute Hospital with Trauma Unit and a Local Emergency Hospital with an Obstetric Led Unit

Table 2: Acute and Local Emergency Hospital Model with Obstetric-Led Unit on Both Sites

Acute Hospital	Local Emergency Hospital
<ul style="list-style-type: none"> • 24/7 Emergency Department • Trauma Unit • Urgent Care Service • Acute Assessment/ Short Stay • Same Day Emergency Care • Emergency Surgery (24/7) • Critical Care and Anaesthetics • General Medical Inpatients • Care of the Elderly Inpatients • Cardiology/Gastroenterology/ Respiratory inpatients > 72 hours • Acute Surgical inpatients • Obstetric-Led Maternity Unit with Midwifery-Led provision • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric Inpatients > 24 hours • Facilities for Planned Operations 	<ul style="list-style-type: none"> • 24/7 Emergency Department • Urgent Care Service • Acute Assessment/ Short Stay • Same Day Emergency Care • Emergency Surgery (Day Case Only) • General Medical Inpatients • Care of the Elderly inpatients • Obstetric-Led Maternity Unit • Neonatal Level 1 Cots • Paediatric Assessment Unit (24/7) • Facilities for Planned Operations

Option 2 – Acute Hospital with Trauma Unit and a Local Emergency Hospital without an Obstetric Led Unit

Table 2: Acute and Local Emergency Hospital Model without Obstetric-Led Unit

Acute Hospital	Local Emergency Hospital
<ul style="list-style-type: none"> • 24/7 Emergency Department • Trauma Unit • Urgent Care Service • Acute Assessment/ Short Stay • Same Day Emergency Care • Emergency Surgery (24/7) • Critical Care and Anaesthetics • General Medical Inpatients • Care of the Elderly Inpatients • Cardiology/Gastroenterology/ Respiratory inpatients > 72 hours • Acute Surgical inpatients • Obstetric-Led Maternity Unit with Midwifery-Led Provision • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric Inpatients > 24 hours • Facilities for Planned Operations 	<ul style="list-style-type: none"> • 24/7 Emergency Department • Urgent Care Service • Acute Assessment/ Short Stay • Same Day Emergency Care • Emergency Surgery (Day Case Only) • General Medical Inpatients • Care of the Elderly inpatients • Paediatric Assessment Unit (24/7) • Facilities for Planned Operations

Recommendations

It remains very clear to the Senate that an immense amount of work has been done over the years and that the programme has worked hard at the Humber Acute Services Review. Significant progress has been made since the Senate’s last review and the panel members were reassured that most of the panel’s previous recommendations had been considered and robustly addressed.

The panel offers up the following recommendations arising from this latest Senate review:

1. The Humber Acute Services team are advised to consult with the Yorkshire Critical Care Network to ensure that it is supportive of the plans to maintain a level two critical care service on the local emergency hospital site.

2. The Senate has made clear that the maintenance of two obstetric units, with the required theatre and midwifery staffing on both sites remains at high risk of being undeliverable/unsustainable. If the Humber Acute Services programme team wishes to consult on the provision of two obstetric-led units there must be a high degree of confidence that they are deliverable and sustainable, including that they can support two staffed theatres on two sites and can recruit and retain the necessary staff.
3. The Humber Acute Services team is advised to maintain focus on health inequalities on an ongoing basis to ensure they are not being made worse by the impacts of the programme.
4. It is advisable to include in the programme an evidence-based view on capturing vulnerable people at "first contact" with services that are accessed, to prevent exclusion.
5. It is strongly recommended to gain an understanding from neighbouring organisations as to whether they can manage the impacts of the potential options.
6. It may be useful for the Humber Acute Services team to undertake and demonstrate modelling undertaken to stress test bed occupancy in the different options to ensure there is sufficient capacity to meet demand.
7. It may be helpful for the Humber Acute Services team to have a clear position that interdependencies will be managed strategically to deliver the ideal interdependencies going forward.
8. Continued engagement with colleagues in the local authority is advised to ensure all elements of the health and social care system are working in tandem towards the same goals and ambitions.

Conclusion

In conclusion, the Senate panel supports the development of an acute hospital and local emergency hospital site model with consolidation of trauma services to the acute hospital site. This is a widely accepted model of modern healthcare and with appropriate supporting infrastructure and robust system wide clinical pathways including standard operating procedures, this would offer safe and sustainable services for patients and staff.

An acute hospital and local emergency hospital model of service delivery in children and adult, medical and surgical services, again affords opportunities to consolidate specialised skills and expertise on one site. With appropriate and standardised care and transfer protocols this model can offer safe and sustainable services for patients and staff the Senate does acknowledge the potential impact on patient access and possibly on neighbouring organisations. These will require further consideration.

The panel does have concerns about the deliverability and longer term sustainability of two fully staffed critical care units and thus two emergency departments and further specialist advice and guidance on this matter is recommended.

The Senate review panel members feel that unless there is a significant degree of confidence that the workforce challenges associated with the provision of two obstetric-led units in northern Lincolnshire can be satisfactorily and sustainably addressed then the option involving one obstetric-led unit appears to be more appropriate. Compliance with national standard and guidance is essential. Both options will be required to comply with national standards.

Finally, the panel members recognise that after public consultation further work will be required on the programme and the Senate would be available to consider the final detailed plans.

Extract from NHS Long Term Workforce Plan (Pages 7 - 11)

Overview of NHS Long Term Workforce Plan

We will ensure the NHS has the workforce it needs for the future.

Train – Grow the workforce

By significantly expanding domestic education, training and recruitment, we will have more healthcare professionals working in the NHS. This will include more doctors and nurses alongside an expansion in a range of other professions, including more staff working in new roles. This Plan sets out the path to:

- Double the number of medical school training places, taking the total number of places up to 15,000 a year by 2031/32, with more medical school places in areas with the greatest shortages, to level up training and help address geographical inequity. To support this ambition, we will increase the number of medical school places by a third, to 10,000 a year by 2028/29. The first new medical school places will be available from September 2025.
- Increase the number of GP training places by 50% to 6,000 by 2031/32. We will work towards this ambition by increasing the number of GP specialty training places to 5,000 a year by 2027/28. The first 500 new places will be available from September 2025.
- Increase adult nursing training places by 92%, taking the total number of places to nearly 38,000 by 2031/32. To support this ambition, we will increase training places to nearly 28,000 in 2028/29. This forms part of our ambition to increase the number of nursing and midwifery training places to around 58,000 by 2031/32. We will work towards achieving this by increasing places to over 44,000 by 2028/29, with 20% of registered nurses qualifying through apprenticeship routes compared to just 9% now.
- Provide 22% of all training for clinical staff through apprenticeship routes by 2031/32, up from just 7% today. To support this ambition, we will reach 16% by 2028/29. This will ensure we train enough staff in the right roles. Apprenticeships will help widen access to opportunities for people from all backgrounds and in underserved areas to join the NHS.

- Introduce medical degree apprenticeships, with pilots running in 2024/25, so that by 2031/32, 2,000 medical students will train via this route. We will work towards this ambition by growing medical degree apprenticeships to more than 850 by 2028/29.
- Expand dentistry training places by 40% so that there are over 1,100 places by 2031/32. To support this ambition, we will expand places by 24% by 2028/29, taking the overall number that year to 1,000 places.
- Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment and agency staff. In 15 years' time, we expect around 9–10.5% of our workforce to be recruited from overseas, compared to nearly a quarter now.

Retain – Embed the right culture and improve retention

By improving culture, leadership and wellbeing, we will ensure up to 130,000 fewer staff leave the NHS over the next 15 years. We will:

- Continue to build on what we know works and implement the actions from the NHS People Plan to ensure the NHS People Promise becomes a reality for all staff by rolling out the interventions that have proven to be successful already. For example, ensuring staff can work flexibly, have access to health and wellbeing support, and work in a team that is well led.
- Implement plans to improve flexible opportunities for prospective retirees and deliver the actions needed to modernise the NHS Pension Scheme, building on changes announced by the government in the Spring Budget 2023 to pension tax arrangements, which came into effect in April 2023.
- From autumn, recently retired consultant doctors will have a new option to offer their availability to trusts across England, to support delivery of outpatient care, through the NHS Emeritus Doctor Scheme.
- Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential
- Support the health and wellbeing of the NHS workforce and, working with local leaders, ensure integrated occupational health and wellbeing services are in place for all staff.

- Explore measures with the government such as a tie-in period to encourage dentists to spend a minimum proportion of their time delivering NHS care in the years following graduation.
- Support NHS staff to make use of the change announced in the Spring Budget 2023 that extended childcare support to working parents over the next three years, to help staff to stay in work.

Reform – Working and training differently

Working differently means enabling innovative ways of working with new roles as part of multidisciplinary teams so that staff can spend more time with patients. It changes how services are delivered, including by harnessing digital and technological innovations. Training will be reformed to support education expansion. We will:

- Focus on expanding enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on the generalist and core skills needed to care for patients with multimorbidity, frailty or mental health needs.
- This includes setting out the path to grow the proportion of staff in these newer roles from around 1% to 5% by the end of the Plan by:
 - Ensuring that more than 6,300 clinicians start advanced practice pathways each year by 2031/32. We will support this ambition by having at least 3,000 clinicians start on advanced practice pathways in both 2023/24 and 2024/25, with this increasing to 5,000 by 2028/29.
 - Increasing training places for nursing associates (NAs) to 10,500 by 2031/32. We will work towards this by training 5,000 NAs in both 2023/24 and 2024/25, increasing to 7,000 a year by 2028/29. By 2036/37, there will be over 64,000 nursing associates working in the NHS, compared to 4,600 today.
 - Increasing physician associate (PA) training places to over 1,500 by 2031/32. In support of this, around 1,300 physician associates (PAs) will be trained per year from 2023/24, increasing to over 1,400 a year in 2027/28 and 2028/29, establishing a workforce of 10,000 PAs by 2036/37.
- Grow the number and proportion of NHS staff working in mental health, primary and community care to enable the service ambition to deliver more preventative and proactive care across the NHS. This Plan sets out an ambition to grow these roles 73% by 2036/37.

- Work with professions to embrace technological innovations, such as artificial intelligence and robotic assisted surgery. NHS England will convene an expert group to identify advanced technology that can be used most effectively in the NHS, building on the findings of the Topol Review.
- Expand existing programmes to demonstrate the benefits of generalist approaches to education and training and ensure that, at core stages of their training, doctors have access to development that broadens their generalist and core skills.
- Work with partners to ensure new roles are appropriately regulated to ensure they can use their full scope of practice, and are freeing up the time of other clinicians as much as possible – for example, by bringing anaesthesia and physician associates in scope of General Medical Council (GMC) registration by the end of 2024 with the potential to give them prescribing rights in the future.
- Support experienced doctors to work in general practice under the supervision of a fully qualified GP. We will also ensure that all foundation doctors can have at least one four-month placement in general practice, with full coverage by 2030/31.
- Work with regulators and others to take advantage of EU exit freedoms and capitalise on technological innovation to explore how nursing and medical students can gain the skills, knowledge and experience they need to practise safely and competently in the NHS in less time. Doctors and nurses would still have to meet the high standards and outcomes defined by their regulator.
- Support medical schools to move from five or six-year degree programmes to four-year degree programmes that meet the same established standards set by the GMC, and pilot a medical internship programme which will shorten undergraduate training time, to bring people into the workforce more efficiently so that in future students undertaking shorter medical degrees make up a substantial proportion of the overall number of medical students.
- The Plan is based on an ambitious labour productivity assumption of up to 2% (at a range of 1.5–2%). This ambition requires continued effort to achieve operational excellence, reducing the administrative burden through technological advancement and better infrastructure, care delivered in more efficient and appropriate settings (closer to home and avoiding costly admissions), and using a broader range of skilled professionals, upskilling and retaining our staff. These opportunities to boost labour productivity will require continued and sustained investment in the NHS infrastructure, a significant increase in funding for technology and innovation, and delivery of the broader proposals in this Plan.