

NHS Providers view: NHS England's Long Term Workforce Plan

The [NHS Long Term Workforce Plan](#) (LTWP) was published by NHS England (NHSE) on 30 June 2023, following Jeremy Hunt's commitment in the 2022 Autumn Statement to publish "a comprehensive NHS workforce plan, including independently verified workforce forecasts."

NHS Providers (among other stakeholders) had called for publication of a fully costed and funded workforce plan in the NHS for several years. While the plan's publication was therefore very welcome, we are concerned that elements of its implementation remain uncertain. The costing work that the plan is based on was not made public, and there has only been a partial funding commitment from government to date.

NHS Providers published an [on the day briefing](#), summarising the key components of the plan and our initial response. Since publication, we have continued to analyse and gather feedback on the plan and its aspirations, and we are working with members and stakeholders as implementation progresses. This briefing is for members and stakeholders – it sets out a more detailed summary of NHS Providers' view on the plan as it relates to trusts and foundation trusts, informed by our work in recent months.

If you have questions or comments, please contact Sarah White, senior policy manager for workforce (sarah.white@nhsproviders.org).

Productivity assumptions must be kept under review

The current commitment to regularly updating the LTWP is very welcome, as this will ensure it remains pertinent, but it will be crucial to hold NHSE and future governments to account on this commitment on an ongoing basis. NHSE have already begun work ahead of the LTWP refresh due in summer 2025, and we are pleased to be involved in this.

The LTWP notes that labour productivity measures are usually focused on acute settings and can fail to take into account pathway changes and service reform. We welcome the indication that NHSE is interested in capturing these changes in productivity measures, and we expect any learning to inform

the 2025 refresh as well as NHSE's approach to capturing productivity improvements more broadly across the service.

We also note the ambitious assumptions about productivity growth upon which the LTWP is based – that NHS labour productivity will grow between 1.5%-2% per year, far exceeding historic trends. This is predicated on having the capacity to step down care to less costly settings and develop alternative delivery models for patients in the community (e.g. expanding virtual wards) in coming years. However, the Office for National Statistics estimates that quality-adjusted productivity increased by an average 0.8% p.a. between 1995-96 and 2019/20, and 1.2% p.a. between 2009/10 – 2019/20. In our view, significant government investment in the NHS estate and in digital transformation will be required to realise the productivity growth target in the LTWP. We will also continue to emphasise the assertion within the LTWP that NHSE's productivity aims are "categorically not about staff working harder."

Similarly, the LTWP is based on an explicit assumption that access to social care services will improve, or remain broadly in line with current levels, and its focus on multi-disciplinary teams is also arguably largely dependent on a vibrant social care sector. This is a key concern for our members and for wider stakeholders, who have been clear with us that social care requires sustained investment, focus, and reform.

We would like to see publication of the modelling underpinning the LTWP. This is partly due to outstanding questions we have as to how the modelling takes prevention and demand trajectories into account. For instance, there will never be enough people working in mental health services if the current trends of demand continue, so there must also be a focus on prevention.

It also is important to address the basics of digital and technological reform. We do support the LTWP's ambitions as an ultimate direction of travel, but many trusts still don't have reliable Wi-Fi, so there must be realism as to timelines and funding required to reach the outcomes the LTWP envisions.

Partial funding has been committed so far

The £2.4bn of investment agreed by government to achieve the LTWP's aims is welcome. However, this will only partially deliver the plan's commitments. It will be vital to see the ambitions of the LTWP recognised in the next Spending Review in 2025 both in terms of core revenue funding, and given

that its success, and the productivity assumptions within it, are contingent upon further capital investment and further investment in social care.

Given the proposed expansion of the NHS workforce set out by the LTWP, government must also build assumptions about NHS pay growth into its Spending Review planning cycles and take into account the growth of this key public sector workforce in fiscal planning.¹

The LTWP, and the funding to underpin it, will require sustained political commitment, over a number of years. We are absolutely clear, however, that the LTWP is a good investment for any government. The economic and societal benefits that sustaining a skilled, well-motivated and well-respected NHS workforce will reap for patients in terms of care quality, and for the nation's health overall, must not be understated.

Welcome expansion of training pipelines, but resourcing remains unclear

The LTWP's ambition to increase training places for nurses and doctors is very welcome. We are pleased that the LTWP acknowledges international recruitment as a key part of workforce planning, and agree with the ambition to make it more sustainable by strengthening national pipelines. A key lever to this will be the national provision of appropriate additional resource to trusts, in order for them to provide additional training placements and supervision. It was helpful to see the LTWP note that changes in this arena will largely be incremental and that, even with targeted interventions, the service is likely to see shortfalls in the medium term that will require support by agency staff (particularly mental health nursing, learning disability nursing and podiatry) and international recruitment (including adult nursing and doctors).

We also welcome the LTWP's acknowledgement of trusts' role as anchor institutions in playing their part to support staff and communities by addressing the wider determinants of health, and we commend the **work which our members have been doing** in this area for some time.

We are very interested in the policies reflected in the LTWP about getting staff to offer their time to a bank instead of an agency, which NHSE is intending to support trusts to implement. We are engaging with the Staff Council's work on reducing agency spend, and sit on the task and finish group for this

¹ IFS analysis regarding implications of the NHS workforce plan sets out some of these assumptions. Available at: <https://ifs.org.uk/publications/implications-nhs-workforce-plan> (accessed: 17 November 2023).

(which arose from the Agenda for Change (AfC) deal agreed between government and unions in March 2023). We will be asking that the conclusions of this group feed into NHSE's policy work.

We are supportive of the expansion of apprenticeships across the NHS, but the use of the levy does need to be reformed to enable this. Current directives regarding how levy money can be spent are very limiting, often resulting in an underspend. It would be practical to widen the parameters on levy spending to include broader costs, such as backfill for apprentices undertaking off the job learning, a wider range of training, and other expenses incurred by employers who take on apprentices.

National levers must enable local retention

Retention is a key focus for NHS Providers in our ongoing work to support and influence the implementation of the LTWP, particularly as the training proposals will take some time to come to fruition in terms of staff numbers. The LTWP ambitions, and wider ongoing work on reform of the workforce, will be important levers for retention, ensuring the NHS is fit for the future and a great place to work. However, the LTWP ambitions on retention make multiple references to the People Promise and People Plan but offer nothing new to support trusts' work in this area. This is particularly disappointing in terms of improving flexible working options. Trusts are already doing a huge amount of work around retention, utilising their expertise in this vital area, and we are supporting them to do so, as well as supporting colleagues in the national bodies to develop the conditions and enablers to help trusts improve retention.

The LTWP's aim of reducing the overall leaver rate for NHS staff from 9.1% in 2022, to between 7.4% and 8.2% by 2038 is ambitious but welcome. We have asked NHSE to share their modelling on retention as we noted [NHS Digital data](#) shows that the leaver rate for staff in NHS trusts and other core organisations in England suggests different figures (12.2% in 2021-2022, and 11.8% in 2022-23).

We do note that retention initiatives in the NHS are often focused on the acute sector. It will be important to ensure this is not the case for the LTWP's ambitions, particularly given the focus on growth in the community, mental health and primary care sectors and the focus on multi disciplinary team working. We also note that the ambulance sector needs tailored approaches to culture and organisational development as reflected in our [work](#) to share good practice in supporting staff wellbeing.

Another intrinsic element to the LTWP's ambitions on retention is improving workplace culture and experience for all staff – an additional area which trusts have been [using their expertise](#). NHSE's [EDI](#)

Improvement Plan contains high impact actions which are intersectional. We are engaged in tracking the overall impact of the EDI Improvement Plan, including how trusts are implementing the plan and understanding any barriers they are facing in doing so. We are planning roundtable events in early 2024 to begin structured member engagement on this.

In terms of wider wellbeing work, we are pushing NHSE on a timeline and funding for ICS occupational health and wellbeing services, alongside enabling the **work which trusts are doing** to provide a working environment which supports health and wellbeing. Lack of capital investment is a significant blocker to these ambitions, as staff work in environments which are increasingly not fit for purpose. Ring fenced central funding for mental health and wellbeing initiatives is also necessary. We were disappointed this year to see the removal of national funding for staff wellbeing hubs, reducing access for many NHS staff to mental health services which they need. We have been working with the British Psychological Society on next steps to best support trusts as they reassess how to provide staff mental health support.

Finally, the lack of detail on the LTWP's reference to "total reward package – which goes beyond headline pay" is particularly notable regarding pensions, and given the industrial action we have seen unfold this year. While this may be out of the scope of the LTWP, getting this right is intrinsic to realising its ambitions.

Commitments to enable staff to work and train differently remain important

The LTWP's ambitions, and wider ongoing work on reform of the workforce, will be important levers for retention by making the NHS fit for the future and a great place to work. However, the lack of focus on the importance of system working in the future workforce model seems a missed opportunity in the LTWP. While it has since become clear that this is how NHSE are envisaging delivery of the LTWP in practice, we recommend its explicit inclusion in the 2025 refresh. Trust leaders will no doubt wish to explore how they can work both with system partners and also at place to realise the ambitions of the LTWP most effectively in their local areas.

We welcome the focus in the LTWP on investing in community based roles and in mental health services, alongside the acute and ambulance sectors. This provides a helpful synergy with the policy direction to support more patients at home, or closer to home, where appropriate. As we have explored above, there are pressing vacancies in many disciplines in all sectors (including for example,

in district nursing, speech and language therapy, learning disability nursing, radiography to name a few) which we hope the LTWP will help to address.

However, a specific focus on critical, non-clinical roles is notably absent from the LTWP. Trust leaders have consistently told us there are severe shortages of staff in administrative, estates, IT, and call handling roles. These roles are not mentioned in the LTWP, and there is also no mention of a separate workforce plan for digital, data and technology specialists, which has been in progress from NHSE's transformation directorate. We understand that the digital workforce plan may be due for publication before the end of 2023, but there must be similar consideration of other non-clinical roles.

Specific focus on managers and their importance is also lacking despite [evidence](#) that the NHS employs few managers relative to other sectors, and despite the critical role leaders and managers at all levels must play in operational performance and transformation initiatives. This risks reinforcing a false sense of division between clinical and non-clinical staff. We will make the case for the inclusion of managers in the 2025 LTWP refresh, and will point toward the recommendations of the [Messenger Review](#) as part of this work.

The LTWP's focus on associate roles is important. There has been a wide variety of associate professionals in the NHS for years – some have been established for 20 years. Getting support right for associates roles on the job, and in terms of development and appropriate regulation, is key. With the right support these roles act as hugely important and skilled members of teams. Given the tasks which physician associates in particular can undertake with the right training and supervision, we've long been [calling](#) for their regulation. This won't just help to address safety and quality issues but will improve professional development options, helping to retain much-needed staff and unlock the full potential of these jobs. This will also go a long way to establishing clear career pathways for these roles, so that they and their wider teams can know more clearly how they work together.

We are pleased to see acknowledgement of the challenges in staffing across different geographical areas, as this is an issue which we have [raised](#) for some time. Any approaches to incentivising staff to undertake roles in underserved geographical areas will need to be carefully balanced so as not to negatively impact local labour markets. We look forward to engaging with NHSE on this matter.

We also note the proposal to extend the Additional Roles Reimbursement Scheme (ARRS) and acknowledgement that it will need careful management. We agree that a cautious approach is needed, so as not to negatively impact local labour markets. This is now particularly pertinent as DHSC asked NHSE to move the timeline on this work forward by a year.

Next steps

In November 2023, NHS Providers attended NHSE's first Long Term Workforce Plan delivery summit. We will be involved in the coming months in additional deliberative engagements on each of the three core ambitions of the LTWP: train, retain and reform.

We are already preparing for the LTWP refresh in summer 2025, engaging with our members and robustly representing their views to NHSE. This programme of work is wide ranging and will be ongoing. Additional work from our [race equality](#), [health inequalities](#), [digital boards](#) and leadership support programmes will also feed into this.